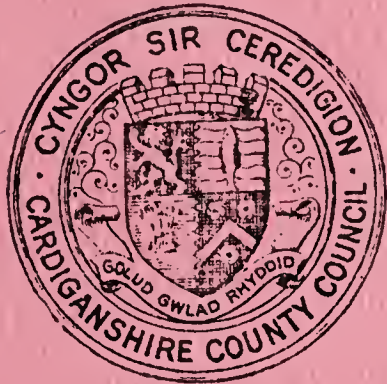


Copy for D.H.S.S.

CARDIGANSHIRE COUNTY COUNCIL



ANNUAL REPORT of the COUNTY MEDICAL OFFICER and PRINCIPAL SCHOOL MEDICAL OFFICER for the year 1970

I. MORGAN WATKIN, Ph.D. (Lond.), M.Sc., M.B., B.Ch., D.P.H (Wales)
County Medical Officer,
Principal School Medical Officer.

SWYDDFA'R SIR,
COUNTY OFFICE,
ABERYSTWYTH

Tel. Nos. : ABERYSTWYTH 7581—9



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CARDIGANSHIRE COUNTY COUNCIL

With the Compliments
of the
County Medical Officer
and
Principal School Medical Officer

Health Department,
Swyddfa'r Sir,
Aberystwyth.

Tel :
Aberystwyth 7581/9

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CARDIGANSHIRE COUNTY COUNCIL.

Chairmen—

Alderman M. LLOYD JENKINS, 1969-70

Alderman ISAAC R. JENKINS, 1970-71

HEALTH COMMITTEE—

(as from May 1970)

Chairman—Alderman the Rev. T. PUGH JARMAN

and thirty-three Members of the Council plus one representative from each of the following Committees :

Mid-Wales H.M.C., South West Wales H.M.C., Local Medical Committee together with the Chairman of the Cardiganshire Health Executive Council.

BRYNTIRION HOUSE COMMITTEE—

Chairman 1967-71—Alderman W. M. DAVIES, J.P.

plus the Chairman of the Health Committee, 9 Members of the Council and Mrs. D. E. B. Jones
(Co-opted Member)

COUNTY EDUCATION COMMITTEE—

Chairman 1961-71—Alderman W. M. DAVIES, J.P.

plus all Members of the County Council and 10 co-opted members

There is no School Health Sub-Committee as such and all health questions are considered by the appropriate sub-committees of the Education Committee.

Health Officers of the Authority.

County Medical Officer and Principal School Medical Officer ...	I. MORGAN WATKIN, PH.D. (Lond.), M.Sc., M.B., B.Ch., D.P.H. (Wales).
Deputy County Medical Officer and Deputy Principal School Medical Officer	CLEMENT D. EDWARDS, M.B., B.S. (Lond.), M.R.C.S; (Eng.), L.R.C.P. (Lond.), D.I.H. (Eng.), D.P.H. (Eng.). (Resigned 31.8.70) BERYL IRENE EVANS THOMAS, M.B., B.Ch. (Wales). D.C.H. (Eng) ; D.P.H. (Lond.) (Commenced 14/9/70).
Medical Officers in Department ...	W. J. St. ERVYL-GLYNDWR RHYS, M.A. (Cantab.), B.Sc. (Wales), M.B., B.S. (Lond.), M.R.C.O.G., D.P.H. (Wales) ANN RHYS, M.B., B.Ch. (Wales), D.P.M. (Wales) ANN CATHERINE BUTLER, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P. (Lond.), D.C.H. (Lond).
Principal School Dental Officer ...	W. D. PERCIVAL EVANS, J.P., L.D.S., R.C.S. (Eng.)
School Dental Officers	E. BYRON LLOYD, L.D.S., R.C.S. (Eng.). S. D. NEALE, L.D.S., B.D.S. (Birm.)
Chief Nursing Officer, Supervisor of Midwives and Chief Health Visitor	Miss A. E. DAVIES, S.R.N., S.C.M., H.V. CERT., Q.I.D.N.S.
Deputy Chief Nursing Officer, Deputy Supervisor of Midwives and Deputy Chief Health Visitor ...	Miss I. E. MANN, S.R.N., S.C.M., H.V. CERT., Q.I.D.N.S.
Public Health Inspector	EVAN RICHARDS, A.A.L.P.A., M.R.S.I., CERT. S.I.B.
County Mental Welfare Officer ...	J. R. EVANS, C.S.W., Aberystwyth (Resigned March 31, 1970) W. D. LYNDON LLOYD, C.M., A.I.S.W. (Commenced 1/4/70).
District Mental Welfare Officers ...	T. ALUN EVANS, Aberaeron (part time) T. S. EVANS, C.S.W. Miss M. PARRY JONES H. A. LLOYD, C.S.W. W. J. MORRIS, C.S.W. (Part time) GORONWY EVANS, C.S.W. (Part time)
Psychiatric Social Worker ...	MRS. E. MAIR PIETTE, B.A. (Birm.), Cert. Mental Health (Lond.)
Home Help Organiser ...	Miss M. G. REES
Assistant Home Help Organiser ...	Miss M. JONES
County Analyst	D. C. JENKINS, M.Sc., F.R.I.C., F.C.S.
County Ambulance Officer ...	J. C. BLAYNEY (Commander of the Order of St. John), F.I.A.O.
Deputy County Ambulance Officer	T. H. HUMPHREYS

Health Visitors ...	...	Miss D. M. DAVIES, J.P., S.R.N., S.C.M. (Retired 31/3/70).
(each holding the H.V. Certificate of the Royal Sanitary Institute)		Miss VALMAI DAVIES, S.R.N., S.C.M.
	...	Miss C. HUGHES EVANS, S.R.N., S.C.M.
		Mrs. MARY LEWIS, S.R.N., S.C.M.
		Miss D. J. MORGAN, S.R.N., S.C.M.
		Miss E. A. MORGAN, S.R.N., S.C.M.
		Miss N. MORGAN, S.R.N., S.C.M.
		Miss M. MORRIS, S.R.N., S.C.M.
		Mrs. S. E. MORRIS, S.R.N., S.C.M.
		Miss S. E. A. MORGAN, S.R.N., S.C.M.
		Mrs. E. A. V. WILLIAMS, S.R.N., S.C.M.
		Miss M. THOMAS, S.R.N., S.C.M. (Commenced 1/4/70)
Orthopaedic Sister	...	Mrs. WINIFRED KOLCZAK, S.R.N., O.N.C.
District Nurse/Midwives	...	Nurse A. B. ATKINS, S.R.N., S.C.M., Aberaeron (Retired 31/12/70)
		Nurse D. BEVAN, S.R.N., S.C.M., Distr. Trained, Llanfarian
		Nurse G. E. BOORE, S.R.N., S.C.M., Llandysul (Retired 4/9/70)
		Nurse M. BOWEN, S.R.N., S.C.M., Llangranog
		Nurse A. M. DAVIES, S.R.N., S.C.M. (County Relief)
		Nurse E. DAVIES, S.R.N., S.C.M., Llanrhystud
		Nurse E. W. JONES, S.R.N., Distr. Trained (County Relief)
		Nurse J. H. DINGLEY, S.R.N., S.C.M., Aberystwyth
		Nurse E. M. A. EDWARDS, S.R.N., S.C.M., Tregaron
		Nurse D. ESAU, S.R.N., S.C.M., Aberporth
		Nurse M. E. EVANS, S.R.N.
		Nurse M. H. EVANS, S.R.N., S.C.M., Aberystwyth
		Nurse M. M. EVANS, S.R.N., S.C.M., Glandyfi
		Nurse M. E. T. GWYNNE, S.C.M., Llanafan
		Nurse J. A. HARRHY, S.C.M., Mid-Aeron
		Nurse M. R. HARRIES, S.R.N., S.C.M., Distr. Trained, Lampeter
		Nurse S. M. HUGHES, S.R.N., Devil's Bridge
		Nurse E. J. JOHN, S.R.N., S.C.M., Llangeitho
		Nurse D. E. JONES, S.R.N., S.C.M., Llechryd
		Nurse GLADYS JONES, S.R.N., S.C.M., Melindwr
		Nurse I. M. JONES, S.R.N., S.C.M., Aberystwyth
		Nurse M. M. GRIFFITHS, S.R.N., S.C.M. (County Relief)
		Nurse M. M. KERINS, S.R.N., Distr. Trained, Cardigan (St. Dogmaels)
		Nurse G. E. JONES-DAVIES, S.R.N., Llanwenog (Resigned 31/1/70)
		Nurse E. LEWIS, S.R.N., Lampeter (Silian)
		Nurse E. A. LEWIS, J.P., S.R.N., S.C.M., Rhydlewis (Retired 31/12/70)
		Nurse G. H. LEWIS, S.R.N., S.C.M., Cardigan (Verwig)
		Nurse M. M. MORGAN, S.C.M., Talybont

Nurse G. MORRIS, S.R.N. (County Relief)
 Nurse E. E. NORTHAM, S.R.N., Distr. Trained (County Relief)
 Nurse R. M. REES, S.R.N., S.C.M., New Quay
 Nurse FRANKLIN THOMAS, S.R.N., Borth
 Nurse M. WILLIAMS, S.R.N., S.C.M., Q.I.D.N.S., Rhydyppennau

Dental Attendants	...	...	MRS. D. M. WATSON, S.R.N. (Resigned 12/4/70) Miss W. A. P. MILLS Miss PATRICIA THOMAS Miss OLGA JANE MORGAN (Commenced 1/6/70)
Consultant Educational Psychologist (part time)			CYRIL B. E. JAMES, Ph.D., B.A., B.Ed., F.B.Ps.S. CLIVE WILLIAMS, B.Sc. (Lond.); M.A. (Wales); M.A. (Dublin); P.H.D. (Dublin)
Speech Therapist	...	...	MRS. J. E. HOLDING, L.C.S.T.
Audiometrician	...	...	MRS. BERYL SMITH, S.R.N. (Commenced 1/4/70)
Chief Clerk	...	...	D. OLIVER MORGAN.

Officers of the Regional Hospital Board who provide Specialist Services for the County Council.

Chest	...	...	...	D. LLEWELYN DAVIES, M.R.C.S. (Eng.); L.R.C.P. (Lond.) J. T. JONES, B.Sc., M.B., B.Ch. (Wales) G. O. THOMAS, M.D. (L'pool); M.B., Ch.B. (L'pool)
Ophthalmic	...	...	...	A. H. HALEY, B.Sc., M.B., B.Ch. (Wales), D.O. (Eng.)
Orthopaedic	...	...	...	I. L. MACFARLANE, F.R.C.S. (Eng.); M.Ch. (Ortho.) (L'pool)
Ear, Nose and Throat	...	...	...	SALATHIEL MORGAN, M.B., B.Ch. (Wales); F.R.C.S. (Edin.)
Psychiatry	...	...	...	JOHN FARR, M.B., B.S. (Lond.); D.P.M. (Eng.) E. J. EURFYL JONES, M.A. (Oxon.); B.M., B.Ch. (Oxon.), D.P.M. (Eng.) HUW EDWARDS, M.B., B.S. (Lond.); M.R.C.P. (Eng.); L.R.C.P. (Lond.); D.P.M. (Eng.)
Psychiatry (Sub-normal)	...	...	...	MICHAEL J. CRAFT, M.D. (Lond.), M.B., B.S., M.R.C.P.Ed., D.P.M. (Eng.)
Child Psychiatry	...	...	...	EVAN W. DAVIES, M.B., B.Ch. (Wales); M.R.C.P. (Eng.); D.P.M. (Eng.)
Geriatrics	...	...	...	J. C. DAVIES, M.B., B.S. (Durh.), M.R.C.P. (Ed.). GARETH HUGHES, M.B., Ch.B. (L'pool), M.R.C.P. (Glas.)
Venereology	...	...	...	H. VERNON WILLIAMS, M.R.C.S. (Eng.); L.R.C.P. (Lond.) R. J. C. COBBOLD, M.B., B.S. (Lond.); M.R.C.S. (Eng.); L.R.C.P. (Lond.)

To the Chairman and Members of the Health Committee

I have pleasure in presenting the Annual Report of the Health Department for the year which ended on December 31st, 1970.

An interesting change which occurred during the year was the merger of the old Health Advisory, Ambulance, and Mental Health Sub-Committee to form a Health Committee comprised of 33 elected members together with one co-opted member representing each of the following :—The Mid-Wales Hospital Management Committee The South West Wales Hospital Management Committee, and the Cardiganshire Local Medical Committee. Dr. S. G. Budd, the Chairman of the Cardiganshire Health Executive Council, was also co-opted.

It is gratifying to report that agreement was reached, after considerable discussion, on the general set-up of the new Health Centre at Cardigan. The Welsh Office representatives gave much assistance during the deliberations with members and officers of the Health Executive Council and with the general practitioners concerned.

The new playing area at Ysgol Bronaeron was finally acquired and it has provided a valuable amenity for the children.

In view of the repeated complaints received about the discomfort of long journeys in our ambulances the Health Committee decided, after testing a number of different makes of vehicle, to acquire a Mercedes Benz ambulance. Reports received from patients and members of the medical profession are very complimentary and appear to justify the additional expenditure incurred. In view of the complaints that I am still receiving I would ask the Council to consider purchasing more ambulances of the maximum comfort type especially as so many of the journeys undertaken by patients from home to hospital involve very considerable mileage.

The hardy perennial, to fluoridate or not to fluoridate, was debated in the Health Committee and for the first time ever a majority voted in favour. The final verdict lay with the County Council and this hurdle was not crossed nor do I personally see it crossed in the foreseeable future in Cardiganshire.

The Local Authority Social Services Act received the Royal Assent during the year and its main impact will be upon the mental health and the home help services. The social, but not the medical aspects of the former, will pass to the new Social Services Department as will the Home Help Service. Other functions such as the registration of child minders will also pass out of the hands of the Health Department.

The principal point of interest, however, is the declaration by the Government that it intends to unify the three branches of the Health Service under Area Boards. County Councils will, therefore, cease to be local health authorities and the transfer of power is scheduled for April 1st, 1974.

During the year it was with regret that Dr. Clement Edwards the Deputy County Medical Officer of Health's resignation was received. We welcome Dr. Beryl Thomas a former member of staff as the new deputy. Miss D. M. Davies, J.P., the Cardigan health visitor, Miss E. A. Lewis, J.P., the Rhydlewist District Nursing Sister, Nursing Sister G. E. Boore, Llandysul, and Nursing Sister A. B. Atkins, Aberaeron, retired having reached the prescribed age limit and the Department wishes them well in their retirement.

A more detailed account of the work of the Department will be found in the ensuing pages.

I. MORGAN WATKIN,
County Medical Officer

Section 1—STATISTICS
AREA, POPULATION AND RATEABLE VALUE OF THE COUNTY

TABLE I

	Aberaeron Urban District	Aberystwyth Borough	Cardigan Borough	Lampeter Borough	New Quay Urban District	Aberaeron Rural District	Aberystwyth Rural District	Teifside Rural District	Tregaron Rural District	Total for County
Area in acres 	388	1,141	4,928	1,754	281	99,321	140,728	73,102	121,546	443,189
Population (1961 Census) 	1,209	10,427	3,789	1,855	954	9,014	11,227	10,358	4,815	53,648
Population Mid-1970 (Registrar General's Estimate) 	1,190	10,400	3,790	2,120	870	8,570	11,620	10,180	4,440	53,180
Rateable Value at 1st April, 1970 	£45,760	£476,751	£127,301	£81,081	£32,531	£128,030	£255,646	£194,957	£62,551	£1,404,608
Rateable Value at 1st April, 1971 	£46,425	£478,192	£132,028	£82,136	£32,671	£131,167	£261,688	£202,973	£63,125	£1,430,405
Sum represented by 1d. rate 1970-71	£169	£1,875	£508	£320	£125	£545	£1,004	£766	£230	£5,542
Estimated sum represented by 1d. rate 1971-72 	£183	£1,890	£526	£327	£130	£555	£1,031	£777	£236	£5,655

TABLE 2

VITAL STATISTICS

MOTHERS AND INFANTS

Live births

Number—Males	...	...	...	315	
Females	...	...	...	338	— 653
Rate per 1,000 population	...	...	...	...	12.3

Ratio of local adjusted birth rate to national rate ... 0.90

Illegitimate Live Births (per cent of total live births) ... 5.00

Stillbirths

Number—Males	...	...	...	0	
Females	...	...	...	7	— 7

Rate per 1,000 total live and stillbirths ... 11.00

Total Live and Stillbirths ... 660

Infant Deaths (deaths under one year) ... 15

Infant Mortality Rates

Total deaths under 1 year per 1,000 live births ... 23.0

Deaths of legitimate infants under 1 year per 1,000
legitimate live births ... 21.0

Deaths of illegitimate infants under 1 year per 1,000
illegitimate live births ... 57.0

Neo-natal Mortality Rate (deaths under four weeks per
1,000 total live births) ... 15.00

Early Neo-natal Mortality Rate (deaths under one week per
1,000 total live births) ... 14.00

Peri-natal Mortality Rate (stillbirths and deaths under one
week combined per 1,000 total live and still births) ... 24.00

Maternal Mortality (including abortion)

Number of deaths	...	...	...	...	1
Rate per 1,000 total live and still births	...	...	...	...	1.5

TABLE 3

CAUSES OF DEATH (All Ages)
(Headings with no deaths allocated are omitted)

<i>Causes of Death</i>						NUMBER OF DEATHS		
						<i>Male</i>	<i>Female</i>	<i>Total</i>
Late Effects of Respiratory Tuberculosis	...	...	...	...	...	—	1	1
Malignant Neoplasm, Buccal Cavity, etc.	...	...	...	...	...	3	2	5
Malignant Neoplasm, Oesophagus	...	...	...	...	...	4	3	7
Malignant Neoplasm, Stomach	...	...	...	...	...	10	10	20
Malignant Neoplasm, Intestine	...	...	...	...	...	8	14	22
Malignant Neoplasm, Larynx	...	...	...	...	...	—	1	1
Malignant Neoplasm, Lung Bronchus	...	...	...	...	...	24	2	26
Malignant Neoplasm, Breast	...	...	...	...	...	—	9	9
Malignant Neoplasm, Uterus	...	...	...	...	...	—	3	3
Malignant Neoplasm, Prostate	...	...	...	...	...	8	—	8
Other Malignant Neoplasms	...	...	...	...	...	16	19	35
Benign and Unspecified Neoplasms	...	...	...	...	...	2	—	2
Diabetes Mellitus	...	...	...	...	...	1	4	5
Avitaminoses, etc.	...	...	...	...	...	1	—	1
Anaemias	...	...	...	...	...	2	2	4
Multiple Sclerosis	...	...	...	...	...	1	—	1
Other Diseases of Nervous System, etc.	...	...	...	...	...	4	4	8
Chronic Rheumatic Heart Disease	...	...	...	...	...	2	4	6
Hypertensive Disease	...	...	...	...	...	8	12	20
Ischaemic Heart Disease	...	...	...	...	...	126	78	204
Other Forms of Heart Disease	...	...	...	...	...	15	40	55
Cerebrovascular Disease	...	...	...	...	...	55	64	119
Other Diseases of Circulatory System	...	...	...	...	...	22	21	43
Influenza	...	...	...	...	...	3	3	6
Pneumonia	...	...	...	...	...	19	34	53
Bronchitis and Emphysema	...	...	...	...	...	14	5	19
Asthma	...	...	...	...	...	1	2	3
Other Diseases of Respiratory System	...	...	...	...	...	9	1	10
Peptic Ulcer	...	...	...	...	...	1	3	4
Appendicitis	...	...	...	...	...	2	—	2
Intestinal Obstruction and Hernia	...	...	...	...	...	1	2	3
Cirrhosis of Liver	...	...	...	...	...	—	1	1
Other Diseases of Digestive System	...	...	...	...	...	1	4	5
Nephritis and Nephrosis	...	...	...	...	...	2	—	2
Hyperplasia of Prostate	...	...	...	...	...	3	—	3
Other Diseases, Genito-Urinary System	...	...	...	...	...	2	4	6
Other Complications of Pregnancy, etc.	...	...	...	...	...	—	1	1
Diseases of Skin, Subcutaneous Tissue	...	...	...	...	...	—	1	1
Diseases of Musculo-Skeletal System	...	...	...	...	...	1	4	5
Congenital Anomalies	...	...	...	...	...	—	2	2
Birth Injury, Difficult Labour, etc.	...	...	...	...	...	2	1	3
Other Causes of Perinatal Mortality	...	...	...	...	...	5	2	7
Symptoms and Ill-defined Conditions	...	...	...	...	...	4	12	16
Motor Vehicle Accidents	...	...	...	...	...	4	2	6
Suicide and Self-Inflicted Injuries	...	...	...	...	...	2	—	2
All other Accidents	...	...	...	...	...	9	12	21
All other External Causes	...	...	...	...	...	1	—	1
TOTAL						398	389	787
Crude death rate per 1,000 population						...	14.8	
Ratio of local adjusted death rate to national rate						...	1.02	

TABLE 4 (Continued)

Causes	Total All Ages		Under 4 weeks		4 Weeks and under 1 year		Age in Years								75 and over							
	M	F	M	F	M	F	1—4		5—14		15—24		25—34		35—44		45—54		55—64		65—74	
							M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Pneumonia	19	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis and Emphysema	14	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Asthma	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Respiratory System	9	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Peptic Ulcer	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Appendicitis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal Obstruction and Hernia... ..	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of Liver	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases of Digestive System	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nephritis and Nephrosis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hyperplasia of Prostate	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases, Genito-Urinary System	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Complications of Pregnancy	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Musculo-Skeletal System	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Anomalies	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Birth Injury, Difficult Labour, etc.	2	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality	5	2	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-defined Conditions	4	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motor Vehicle Accidents	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Other Accidents	9	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide and Self-Inflicted Injuries	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Other External Causes	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL (All Causes)	398	389	7	3	—	5	1	3	4	5	26	17	65	128	161	233						

TABLE 5
TABLE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) NOTIFIED DURING THE YEAR

Sanitary District	Population Census 1961	Population Estimated 1970	Cholera	Diphtheria	Dysentery (amoebic and bacillary)	Encephalitis Lethargica	Erysipelas	Food Poisoning	Malaria	Measles	Meningococcal Infection	Ophthalmia Neonatorum	Paratyphoid Fever	Plague	Pneumonia (Acute Primary and Influenza)	Acute polio-myelitis	Acute polio-encephalitis	Puerperal pyrexia	Relapsing Fever	Scarlet Fever	Typhoid Fever	Typhus Fever	Whooping Cough	Infective Jaundice
URBAN : Aberaeron ...	1209	1190	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth ...	10427	10400	—	—	—	—	—	1	1	121	—	—	—	—	—	—	—	—	—	—	—	—	—	21
Cardigan ...	3789	3790	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lampeter ...	1855	2120	—	—	—	—	—	—	—	83	—	—	—	—	—	—	—	—	—	—	—	—	4	17
New Quay ...	954	870	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
RURAL : Aberaeron ...	9014	8570	—	—	—	—	—	—	—	39	—	—	—	—	—	—	—	—	—	—	—	—	5	10
Aberystwyth ...	11227	11620	—	—	3	—	—	1	—	96	—	—	—	—	—	—	—	—	—	—	1	—	—	11
Teifside ...	10358	10180	—	—	—	—	—	—	—	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tregaron ...	4815	4440	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total ...	53648	53180	—	—	3	—	—	2	1	369	—	—	1	—	—	—	—	—	—	—	1	—	9	60

TABLE 6

RESPIRATORY

District	0—		1—		2—		5—		10—		15—		20—		25—		35—		45—		55—		65—		75—		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Aberaeron Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth Boro.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	4
Cardigan Borough...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lampeter Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New Quay Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberaeron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2
Aberystwyth Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2
Teifside Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Tregaron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whole County ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	2	1	1	1	—	1	9

TABLE 7

NON-RESPIRATORY

District	0—		1—		2—		5—		10—		15—		20—		25—		35—		45—		55—		65—		75—		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Aberaeron Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberystwyth Boro.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cardigan Borough...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lampeter Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
New Quay Urban ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberaeron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3
Aberystwyth Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Teifside Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tregaron Rural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whole County ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	3

Section 2

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics

In view of the prevailing circumstances in Cardiganshire it is not the policy of the local health authority to run ante-natal clinics. At present ante-natal clinics are held under the aegis of the hospital at the Maternity Home, Aberystwyth. They are under the supervision of Dr. Geoffrey Williams, the consultant obstetrician. Domiciliary midwives, whenever possible, accompany the patients to the ante-natal clinics and health visitors give educational talks and film displays on matters connected with childbirth and the care of the infant. Relaxation exercises are held under the aegis of the hospital physiotherapist. This dual arrangement has been worked out in collaboration with the consultant obstetrician and the scheme is running satisfactorily.

At Glangwili Hospital, Carmarthen, the consultant obstetrician for West Wales also holds ante-natal clinics. These facilities are over and above those available to expectant mothers through their family doctor.

Care of Unmarried Mothers and their Children

Arrangements are usually made through the St. David's Diocesan Moral Welfare Committee for the confinement and care of unmarried mothers. Unmarried mothers may be admitted to a hostel outside Cardiganshire for some months before a confinement is due and kept for some time afterwards. The committee also assists in making suitable arrangements for the child.

Other expectant mothers leave home and go to London and the Midlands to seek refuge. Here they apply to the local authority for assistance and the latter contact Cardiganshire as the county of normal residence for a grant towards their maintenance.

Child Welfare

The new mobile clinic is enabling mothers who previously found it difficult to bring their children to an infant welfare clinic to receive attention. The programme of the mobile clinic was as follows at the end of December.

Mobile Clinics

<i>Centre</i>	<i>Day Held</i>	<i>Times</i>	<i>Total No. of Infants attendances in the year</i>	<i>Average No. of Infant attendances per Session</i>	<i>Total No. of Sessions held</i>
Cribyn (Request)	1st Tuesday	10.00 a.m.	20	1.66	12
Llanwnen	in month	10.45 a.m.	63	5.25	12
Alltyblacca (Request)		11.00 a.m.	30	2.5	12
Cwrtnewydd		11.30 a.m.	78	6.5	11
Drefach (Request)			—	—	—
Abermagwr	1st Wednesday	10.00 a.m.	41	3.42	12
Pontrhydygroes	in month	11.30 a.m.	8	2.66	3
Pontrhydfendigaid		12.00 noon	60	5.0	12
Upper Borth	1st Thursday	10.00 a.m.	68	6.8	10
Lower Borth	in month	11.30 a.m.	—	—	—
Blaenplwyf	2nd Monday	10.00 a.m.	119	9.91	12
Llanrhystyd	in month	10.30 a.m.	48	4.0	12
Llanon		11.15 a.m.	99	8.25	12
Llangeitho (Request)	2nd Tuesday	10.00 a.m.	29	2.41	12
Llanddewi Brefi	in month	10.30 a.m.	123	10.25	12
Bronant		11.30 a.m.	55	4.58	12
Lledrod (Request)		12.00 noon	—	—	—
Tre'rddol	2nd Thursday	10.00 a.m.	60	5.0	12
Talybont	in month	11.10 a.m.	170	14.16	12
Llandre (Request)		1.00 p.m.	14	2.33	6
Goginan (Request)		10.00 a.m.	58	4.83	12
Ponterwyd	2nd Friday	10.30 a.m.	90	7.5	12
Devil's Bridge (Request)	in month	11.30 a.m.	31	2.58	12
Capel Seion (Request)		12.00 noon	17	2.42	7
Llechryd	3rd Tuesday	10.30 a.m.	121	10.08	12
Parcllyn	in month	11.45 a.m.	79	6.58	12
Commins Coch	3rd Wed. in	10.00 a.m.	54	4.5	12
Waunfawr	month	10.45 a.m.	255	21.25	12
Capel Bangor	3rd Thursday	10.00 a.m.	79	6.58	12
Penrhyncoch	in month	10.45 a.m.	55	4.58	12
Bow Street		11.45 a.m.	64	5.33	12
Pontgarreg	3rd Friday	10.30 a.m.	36	3.0	12
Beulah	in month	11.15 a.m.	63	5.25	12
Rhydlewï		11.45 am..	—	—	—
Llanilar (Request)	1st Wednesday alt. month	10.00 a.m.	81	6.75	12
Felinfach	4th Tuesday	10.15 a.m.	40	4.0	10
Talsarn	in month	11.00 a.m.	34	2.08	12
Llangwryfon (Request)		12.00 noon	5	2.5	2
New Quay	4th Thursday	10.15 a.m.	31	2.81	11
Talgarreg	in month	11.15 a.m.	12	1.09	11
Pontsiân		12.00 noon	99	9.0	11
			2,389	5.88	406

Fixed Clinics

<i>Centre</i>	<i>Where held</i>	<i>Day held</i>	<i>Total No. of infant attendances in the year</i>	<i>Average No. of infant attendances per session</i>	<i>Total No. of Sessions held</i>
Aberaeron	Memorial Hall, Aberaeron	2nd & 4th Friday in each month	153	6.37	24
Aberporth	Village Hall, Aberporth	1st Thursday in each month	146	12.16	12
Aberystwyth	Swyddfa'r Sir, Aberystwyth	Every Wednesday & Thurs. afternoons	1,764	17.12	103
Cardigan	County Primary School, Cardigan	Every other Tuesday in each month	538	22.41	24
Lampeter	Health Clinic, Lampeter	Every other Tuesday in each month	283	10.88	26
Llandysul	Graig Vestry, Llandysul	1st & 3rd Tuesday in each month	175	7.6	23
Penparcau	Neuadd Goffa, Penparcau, Aberystwyth	1st, 3rd and 5th Friday in each month	658	13.7	48
*Penrhiwllan	The Hall, Penrhiwllan	2nd & 4th Tuesday in each month	137	6.85	20
Tregaron	Memorial Hall, Tregaron	1st & 3rd Tuesday in each month	390	16.25	24
TOTAL			4,244	13.96	304

*—Closed at end of the year and replaced by mobile clinic.

Care of Premature Infants.

Each district midwife is supplied with a Cestra Premature Baby Outfit. Other specialised equipment for treating the baby at home and for transporting it to hospital is borrowed, by arrangement, from the Maternity Home, Aberystwyth.

Number of premature infants born at home	...	...	3
Transferred to hospital	...	...	3
Died within the first 24 hours	...	...	—
Died within the first 28 days	...	...	—

Dental Care.

The following data have been supplied by Mr. W. D. Percival Evans, the Principal Dental Officer.

The dental care of expectant and nursing mothers and of pre-school children is under the supervision of the Principal Dental Officer of the Authority. Full treatment is provided, including artificial dentures.

The following tables show the numbers treated and the type of treatment given during the year.

Attendances and Treatment

Number of Visits for Treatment during Year						Children 0—4 (incl.)	Expectant & Nursing Mothers
First Visit ...	...	...	...	...	...	148	214
Subsequent Visits	...	...	...	...	...	57	144
Total Visits	...	...	...	...	...	205	358
Number of Additional Courses of Treatment other than the First Course commenced during year						—	—
Treatment provided during the year—							
Number of Fillings	...	...	...	...	...	49	193
Teeth Filled	...	...	...	...	...	49	173
Teeth Extracted	...	...	...	...	...	207	163
General Anaesthetic given	...	...	...	...	...	140	69
Emergency Visits by Patients	...	...	...	...	...	63	82
Patients X-Rayed	...	...	...	...	...	5	85
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	...	...	...	...	...	3	59
Teeth Otherwise Conserved	...	...	...	...	...	26	—
Teeth Root Filled	...	...	...	...	...	—	—
Inlays	...	...	...	...	...	—	—
Crowns	...	...	...	...	...	—	—
Number of Courses of Treatment completed during the year						73	198

Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	...	...	8
Patients Supplied with Other Dentures	...	...	47
Number of Dentures Supplied	...	...	55

Anaesthetics

General Anaesthetics Administered by Dental Officers	18
--	-----	-----	----

Inspections :

	Children 0—4 (incl.)	Expectant & Nursing Mothers
Number of Patients given First Inspections during Year ...	148	214
No. of Patients who required Treatment ...	148	214
No. of Patients who were offered treatment ...	148	214

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :

For Treatment ...	...	...	140
For Health Education ...	...	...	—

Welfare Foods.

The amount of welfare foods issued during the period can be seen from the following table :—

Commodity	Van	Voluntary Distributors
National Dried Milk (cartons) ...	710	6,711
Cod Liver Oil (bottles) ...	173	244
A. and D. Tablets (packets) ...	377	126
Orange Juice (bottles) ...	7,299	7,402

Details of bulk supplies received up to the end of the year are shown in the following table:—

Commodity	Quantity
National Dried Milk (cartons) ...	7,536
Cod Liver Oil (bottles) ...	396
A. and D. Tablets (packets) ...	480
Orange Juice (bottles) ...	13,900

The amount of welfare foods issued during the year from the van at the various distribution centres is shown below :—

Centre	National Dried Milk	Cod Liver Oil	A. & D. Tablets	Orange Juice
Aberaeron ...	10	—	—	65
Aberystwyth ...	626	87	236	5,557
Cardigan ...	4	—	—	53
Lampeter ...	62	65	96	1,541
Llandysul ...	—	14	19	7
Tregaron ...	8	7	26	76
TOTAL ...	710	173	377	7,299

Family Planning Clinic

The county council entered into an agreement with the Family Planning Association for the expanded service recommended by the Minister of Health in his Circulars to local health authorities.

Clinics are now held at Aberystwyth, Aberaeron, Lampeter and Cardigan.

Patient statistics for family planning services 1970

	<i>New patients</i>	<i>Total visits Birth control</i>	<i>Cervical smears</i>
Aberaeron ...	44	171	44
Aberystwyth ...	87	454	42
Cardigan ...	62	306	139
Lampeter ...	27	122	25

Child Life Protection.

The duties in connection with Child Life Protection are undertaken by the Care of Children Committee. Close liaison is maintained with the Children's Officer who notifies the Health Department of all children under five supervised by her. These are then visited by the health visitor.

Nurseries and Child Minders

The number of persons and premises now registered—9 childminders and 2 sets of premises—shows the interest which the public has in this social facility. Five years ago not a single child minder or nursery was registered in Cardiganshire.

Juvenile Courts

A report upon the health of all juveniles appearing in court is prepared in accordance with Section 35 of the Children and Young Persons Act, 1933. Medical reports where appropriate are submitted in accordance with Section 11 (iv) of the Summary Jurisdiction (Children and Young Persons) Rules, 1933.

Section 3—MIDWIFERY

The Chief Nursing Officer as Supervisor of Midwives paid 20 visits to the Bronglais and Cardigan Maternity Units.

25 domiciliary and 22 hospital midwives notified their intention to practice during 1970.

The county is covered by two Maternity Liaison Committees. The one for the Mid-Wales Hospital Management Committee meets at Aberystwyth while that for the South West Wales Hospital Management Committee is convened at Carmarthen, Cardigan or Haverfordwest. The supervisor of midwives normally attends these meetings and the medical staff of the local health authority is represented by Dr. Glyn Rhys, M.R.C.O.G.

Section 4—HEALTH VISITING

The Council employs eleven whole-time health visitors who also act as school nurses.

Full attachment has only been effected as yet in one practice but other general practitioners now seem more interested than hitherto. Some health visitors call in once or twice weekly at the local doctors' surgeries and enquire whether there is any assistance they can give. In between times they can be contacted on the telephone at their homes.

The success or failure of a relationship between any two persons depends upon the temperament of the individuals concerned and some doctors find it easier to co-operate with some health visitors than with others and vice-versa.

A detailed account of the work of the health visitors is given in the ensuing table

REPORT OF HEALTH VISITORS/SCHOOL NURSES FOR THE YEAR 1970

AREA	Infant Visits (0—5 years)	CLINICS ATTENDED		No. of visits to T.B., Blind, Orthopaedic, Mentally Defective Persons	SCHOOL WORK			No. of Homes visited
		M. & C.W.	All Others		No. of Visits to Schools	No. of children examined	No. of Children found verminous or suffering from Minor Ailments	
Rhydypennau, Taly- bont and Glandyfi	1,113	65	2	4	86	2,676	—	4
Aberystwyth Town Centre and Devil's Bridge	1,074	119	3	8	100	2,888	—	18
Penparcau and Llan- farian	1,142	84	—	11	87	3,783	11	44
Penglais, Llanbadarn and Capel Bangor	748	113	—	12	105	1,730	53	25
Aberystwyth South	993	45	—	10	148	3,162	40	77
Aberaeron ...	1,472	34	—	6	126	3,754	37	21
Lampeter ...	1,166	40	1	99	141	4,011	64	17
Llandysul ...	1,526	57	33	64	146	5,251	8	71
Cardigan ...	1,967	37	—	53	91	5,198	45	74
Llangranog ...	1,584	80	—	6	102	3,432	—	21
Tregaron ...	1,787	66	1	36	101	2,174	6	—
Total ...	14,572	740	40	309	1,233	38,059	264	372

Section 5—HOME NURSING

During 1970 the Chief Nursing Officer and her Deputy paid 79 visits to District Nursing Sisters in the county and 15 visits to Area Groups of Nursing Staff.

35 visits were paid to health visiting staff and clinics ;

18 visits to play groups ;

17 visits to child minders ;

10 visits to general practitioners.

Progress has been made with full attachment schemes during the year. A nurse was attached to one country practice and health visitor and nurse attachment has been made to one practice at Aberystwyth.

Association has continued to work reasonably satisfactorily but the abolition of county boundaries along the Teify valley and less criss-crossing of practices if ever this could be achieved by agreement among general practitioners would greatly facilitate complete attachment. A full attachment scheme under existing conditions in Cardiganshire would involve a substantial increase in nursing staff much of whose time would be wasted in travelling.

Once the new health centre at Cardigan is completed it is intended to introduce complete attachment for the general practitioners working there.

Errata.

District.	Number of Maternity and Midwifery cases nursed (under 14 days)
Aberystwyth: North	29
Aberystwyth: Centre	27
Aberystwyth: South	26
Aberaeron	35
Aberporth	42
Borth	-
Cardigan: St. Dogmaels	12
Cardigan: Verwig	30
Devil's Bridge	17
Glandyfi	23
Henllan	15
Lampeter: Silian	-
Lampeter: Cellan	14
Llanafan	23
Llanarth	7
Llandysul	24
Llangranog	12
Llangeitho	9
Llanrhystyd	18
Llanwenog	10
Llanfarian	23
Llechryd	20
Melindwr	11
Mid-Aeron	30
New Quay	16
Rhydlewys	19
Rhydypennau	36
Talybont	16
Tregaron	7
Relief	-
TOTALS	551

Section 6—PREVENTION OF BREAK-UP OF FAMILIES

Problem families are regularly visited by health visitors and, when the need arises, by the district welfare officers. In special cases, the health visitor calls in the Chief Nursing Officer, who, in turn, may call in the County Medical Officer.

Consultation with the Children's Officer of the County Council, the County Welfare Officer, the District Medical Officer and the County Medical Officer on the one hand, together with the chairmen of the appropriate committees and the local member on the other, takes place as and when the need arises.

Section 7—VACCINATION AND IMMUNISATION

Smallpox Vaccination

In normal times this is carried out entirely by general practitioners. Records of the 826 successful vaccinations and re-vaccinations carried out in 1970 are as follows

<i>Age</i>		<i>Number successfully vaccinated</i>	<i>Number successfully re-vaccinated</i>
Under 1 year old	...	26	—
1 year old	...	63	—
2—4 years	...	165	18
5—15 years	...	102	102
15+	...	49	301

The number of registered live births for the year 1970 was 653 so that at the end of the year an estimated 3.9% of children under a twelvemonth had been vaccinated.

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1970

Table I—COMPLETED PRIMARY COURSES—Number of Persons under age 16

TYPE OF VACCINE OR DOSE	YEAR OF BIRTH					Others under age 16	TOTAL
	1970	1969	1968	1967	1963-66		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	210	84	1	6	—	301
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	2	2	—	10	5	19
5. Diphtheria	—	—	1	—	—	—	1
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	1	14	15	30
8. Salk	—	5	1	—	—	—	6
9. Sabin	11	192	16	25	76	3	323
10. Measles	—	29	49	19	35	—	132
11. Lines 1+2+3+4+5 (Diphtheria) ...	—	212	87	1	16	5	321
12. Lines 1+2+3+6 (Whooping Cough)	—	210	84	1	6	—	301
13. Lines 1+2+4+7 (Tetanus) ...	—	212	86	2	30	20	350
14. Lines 1+8+9 (Polio)	11	197	17	25	76	3	329

Table 2—REINFORCING DOSES—Number of Persons under age 16

	YEAR OF BIRTH					Others under age 16	Total
	1970	1969	1968	1967	1963-66		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	83	70	8	13	—	174
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	17	9	5	187	9	227
5. Diphtheria	—	—	1	—	17	—	18
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	1	1	—	8	6	16
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	23	15	5	58	—	101
10. Measles	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria) ...	—	100	80	13	217	9	419
12. Lines 1+2+3+6 (Whooping Cough)	—	83	70	8	13	—	174
13. Lines 1+2+4+7 (Tetanus) ...	—	101	80	13	208	15	417
14. Lines 1+8+9 (Polio)	—	23	15	5	58	—	101

Section 8—AMBULANCE SERVICE

During the year under review the ambulance service operated a fleet of 16 vehicles—9 ambulances, 4 dual purpose vehicles, one utilibus and two former Civil Defence ambulances.

Delivery was made of a Mercedes Benz ambulance during the year. This vehicle is stationed at Aberystwyth for the purpose of conveying stretcher patients on long distance journeys and emergency cases which require maximum comfort.

The number of patients conveyed by ambulance increased from 30,548 in 1969 to 31,126 in 1970. A further 7,099 were conveyed by sitting car. The number of emergency calls continues to increase, a total of 1,467 having been received during the year as against 1,374 in 1969.

The radiotelephony scheme still does not give the cover that is reasonably obtainable scientifically and it is hoped that the necessary modifications will not be unduly delayed owing to financial stringency.

TABLE 14

	1968	1969	1970
Number of patients conveyed	28,828	30,548	31,126
Number of journeys made ...	7,680	8,394	8,643
Mileage covered	300,241	307,672	316,965

Ambulance Details, 1970

Station	Total number of patients conveyed	Emergency	Non- emergency	Number of journeys made	Mileage covered
Aberystwyth	18,324	581	17,743	5,646	143,524
Cardigan	5,495	229	5,266	1,404	69,315
Lampeter	6,015	278	5,737	1,224	76,414
New Quay	1,292	151	1,141	369	27,712
Totals	31,126	1,239	29,887	8,643	316,965

Sitting Car Details, 1970

	Total	Emergency	Non- Emergency
Number of patients conveyed	7,099	228	6,871
Number of journeys made ...	3,107	—	—
Mileage covered	234,047	—	—

Comparative Statements 1970 with 1969, year ended 31st December

WHOLE COUNTY			<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
1970	...	...	8,643	31,126	316,965
1969	...	...	8,394	30,548	307,672
Difference	...		+ 249	+ 578	+ 9,293
ABERYSTWYTH					
1970	...	...	5,646	18,324	143,524
1969	...	...	5,735	19,542	142,536
Difference	...		— 89	— 1,218	+ 988
CARDIGAN					
1970	...	...	1,404	5,495	69,315
1969	...	...	1,166	4,799	63,483
Difference	...		+ 238	+ 696	+ 5,832
LAMPETER					
1970	...	...	1,224	6,015	76,414
1969	...	...	1,142	5,086	76,110
Difference	...		+ 82	+ 929	+ 304
NEW QUAY					
1970	...	...	369	1,292	27,712
1969	...	...	351	1,121	25,543
Difference	...		+ 18	+ 711	+ 2,169

Summary for 1970

	<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
Ambulance : 1970 ...	8,643	31,126	316,965
Sitting Car : 1970 ...	3,107	7,099	234,047
Combined Figures : 1970 ...	11,750	38,225	551,012

Section 9—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The local health authority's arrangements for the prevention of illness, care and after care are primarily related to tuberculosis, mental disorder and venereal disease but equipment for nursing at home and for the after care of patients is lent to persons suffering from a multitude of ailments.

Tuberculosis

Close association is maintained with the three chest physicians serving the county. Health visitors follow up contacts of tuberculosis patients and visit them in their homes following discharge. Where this is thought desirable, patients are sent to the Papworth Village Settlement.

Health Education

All members of the staff of the Department continue to educate the public in health matters during their day-to-day work. Also talks and demonstrations were given to adult groups, voluntary organisations, etc. and the relaxation classes for expectant mothers continued weekly at Aberystwyth Maternity Hospital. At Lampeter Clinic, mothercraft sessions are held weekly by the local district nurse.

Home Dialysis

One young patient at Aberystwyth is receiving home dialysis. The County Council made the necessary adaptations to the home.

Report of Dr. Ann Rhys, Medical Officer in Department

Women's Diagnostic Clinic

Clinics are held weekly at Aberystwyth and monthly at Lampeter. An appointment system operates at these clinics but women without appointments are seen also, if time permits. Routine cervical smears are taken from each woman, and a number of other simple tests and examinations are offered also—viz., blood and urine testing, and examination of the breasts.

605 women attended the clinic during the year—an increase of 30% over the numbers attending the previous year.

The following abnormalities came to light and were referred for suitable treatment :

DISEASE	No.	Total	% of those attending
<i>Diseases and Abnormalities of the Genital Tract :—</i>			
Presence of malignant cells ...	4	4	0.5
Infections of the vagina and cervix :			
Non Specific	138	285	47.1
Monilia	1		
Trichomonas	20		
Polypi of the cervix	11		
Erosions of the cervix (simple) ...	66		
Menstrual irregularities	37	285	47.1
Prolapse	10		
Uterine fibroids	2		
Diseases of the breasts (simple) ...	25	25	4.1
Urinary infections	18	18	2.9
Anaemia	7	7	1.1
Psychiatric Disturbances ...	37	37	6.1

The laboratory work is done at the Pathology Department, New Bronglais Hospital.

The clinic is linked with the mammography service offered by New Bronglais Hospital. Patients attending the Cervical Cytology Clinic are offered an appointment for breast screening by special X-ray techniques at Bronglais Hospital.

The following tables analyse the clinic attendances according to

- (a) Age
- (b) Number of live and stillbirths
- (c) Number of women taking oral contraceptives
- (d) Number of women presenting with symptoms

(a) Analysis of Clinic Attendances according to age

<i>Age Group</i>	<i>No. of Women</i>	<i>% of Total Attendances</i>
Under 20	23	3.8
20—29	168	28.1
30—39	164	27.1
40—49	158	26.0
50 or over	92	15.0
TOTAL	605	100.0

**(b) Analysis of Clinic Attendances according to No. of Live and Stillbirths
(excluding abortions)**

<i>No. of live & still births</i>	<i>No. of Women</i>	<i>% of Total Attendances</i>
0	230	38.0
1	75	12.6
2	160	26.4
3	82	13.6
4	32	5.3
5	18	2.9
Over 5	8	1.2
TOTAL	605	100.0

(c) No. of Women taking oral contraceptives—113

(17.0% of total attendance)

(d) No. of women presenting with symptoms—229

(37.8% of those attending)

(e) No. of women presenting with no symptoms—376

(62.2% of those attending)

ANN RHYS
Medical Officer in Department

Notification of Congenital Defects apparent at birth

Cases of congenital abnormality apparent at birth, among babies born in the county, were notified to the General Register office each month during the year. The total number of notifications was 20 and the analysis of these cases is as follows :

- | | |
|--|-----------|
| 1. Abnormalities of the central nervous system : | |
| (a) Anencephalus—2 | } Total 6 |
| (b) Spina Bifida and Hydrocephalus—3 | |
| (c) Meningocele—1 | |
| 2. Cleft palate—2. | |
| 3. Congenital Dislocation of Hip—3. | |
| 4. Deformities of feet—5. | |
| 5. Birth Marks—2. | |
| 6. Other minor abnormalities—2. | |

Other congenital defects may not be apparent for some time after birth, such as congenital heart disease ; abnormalities of the central nervous system, defects vision hearing, etc.

The Handicapped Child

The care of the handicapped child is an important aspect of the work of the Health Department. Firstly, the staff of the department share with the hospital and general medical services the task of detecting abnormalities, whether congenital or acquired, in children of all ages, and particularly in the very young child.

Secondly it is necessary for Education, Social Services and Health Departments to collaborate to provide for the handicapped child the facilities he needs to develop to his fullest capacity. With these aims in mind, two developments took place during the year. The Child Welfare Service and School Health Service are being aligned as the ' Child Health Service ', to avoid any break in continuity of care at school entry, and steps have been taken to improve the system of referral of children with defects for specialist opinions.

Also two meetings of officers of the Education, Social Services and Health Departments took place, to discuss the problems of individual handicapped children in the County. These discussions proved very valuable in co-ordinating the work of all those involved in the care of these children, and it is hoped similar meetings will be held at the end of each school term in the future.

BERYL THOMAS,
Deputy County Medical Officer

Fluoridation of Water Supplies

Few items have received such long and detailed discussion by the Health Committee as the fluoridation of water supplies. The convictions of both sides are firmly held and I personally see little likelihood of any change of view in the near future.

Incontinence Pads

Incontinence pads are provided to all nursing cases where they are required. The application is made through the district nurse or health visitor.

15,754 have been used in domiciliary and welfare home cases during the year. A charge of 7/6 per dozen for large pads and 5/- per dozen for small pads, is made where the patient is able to pay.

In a rural area it is difficult to arrange for special collection of soiled pads. Pads are usually wrapped in paper and disposed of in a refuse bin or they are burned in a household stove.

Section 10—HOME HELP SERVICE

The local authority provides home help on a very generous scale and the statistics show that over 90% of those receiving home help are of pensionable age. Unfortunately during the past year difficulty has again been experienced in recruiting home helps. Were it not for this the service would have been expanded even further.

The Authority has one full-time organiser, one assistant organiser, and 181 part-time home helps. The cases where home help was provided during 1970 are classified below :—

Maternity (including expectant mothers) ...	12
Tuberculosis	3
Chronic sick, including aged and infirm ...	285
Care of children	7
Blind	15
<hr/>	
Total	322
<hr/>	

Applications received during the year totalled 213. These were made up as follows :—

Blind	6
Tuberculosis	—
Care of children	3
Illness and old age	180
Maternity	24
<hr/>	
Total	213
<hr/>	

	Number provided with home help for first time during the year	Total number provided with home help during the year
Blind	3	15
Tuberculosis	—	3
Care of Children	1	7
Illness and old age	79	285
Maternity	12	12
<hr/>		
Total	95	322
<hr/>		

Visits paid to householders by Organisers	1,391
Visits paid to home helps by Organisers	830
Visits paid to Welfare Officers and District Nurses	15
Other visits	144

An analysis of the ages of persons receiving home help in the county gave the following results.

Age	Percentage
Over 100 years of age... ..	—
90—100 „	5.6
80—89 „	28.3
70—79 „	39.1
60—69 „	18.4
Under 60	8.6

Section 11—VENEREAL DISEASES

Venereal disease clinics to serve the north of the county are held at the General Hospital, Aberystwyth, and for the south at Glangwili Hospital, Carmarthen. Some south Cardiganshire cases are also treated at Swansea.

The number of cases of venereal infection treated at hospital clinics shows an increase from 40 in 1969 to 49 in 1970. How many cases are treated by their general practitioners is not known but owing to the distance from parts of Cardiganshire to either Bronglais or Glangwili Hospitals and to the poor or non-existent public transport services in the evenings in particular it would be surprising if there were none.

Very few requests have been received from the consultant venerologists for contact tracing. Whether this implies that the sources of infection lie outside Cardiganshire is open to argument !

As the extent of the problem is small the health education efforts have been commensurate.

The details of the cases dealt with for the first time in 1970 are as follows :—

Number of New Cases in the Year

Total all venereal conditions	Syphilis		Gonorrhoea	Other Venereal Conditions
	Primary & Secondary	Other		
49	—	1	11	37

Section 12—NATIONAL ASSISTANCE ACT, 1948

The County Welfare Officer is responsible to the Welfare Committee for nearly all of the services carried out under the Act. Medical Officers of the Health Department, however, examine all applicants for entry into the Welfare Homes and also examine persons who are transferred from one Home to another. Routine visits to Homes in accordance with the Council's Proposals under Section 21 of the above Act are also made.

Handicapped Persons are referred by the Welfare Department for medical assessment where this is considered necessary.

Blind Welfare

There were 210 registered blind persons in the County at the end of the year. These were visited by the health visitors, by welfare officers and by the home teacher for the blind where tuition was considered practicable.

It will be seen from the following tables that the majority of blind people in Cardiganshire are over 70 years of age. The absence of industry and dangerous trades makes blindness following accidents an uncommon occurrence.

The following tables show the number of registered blind persons and the number of persons on the observation register at the end of the year.

REGISTERED BLIND (Ordinarily resident in the county).

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0	—	—	—
1	—	—	—
2	—	—	—
3	—	—	—
4	—	—	—
5—10	—	—	—
11—15	—	1	1
16—20	—	—	—
21—29	—	2	2
30—39	1	—	1
40—49	5	9	14
50—59	4	7	11
60—64	1	5	6
65—69	9	11	20
70 and over	51	104	155
TOTAL	71	139	210

ON OBSERVATION REGISTER (Ordinarily resident in the county)

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0—1	—	—	—
2—4	—	—	—
5—15	—	2	2
16—20	—	—	—
21—49	6	6	12
50—64	4	10	14
65 and over	30	50	80
TOTAL	40	68	108

Section 13—CARE OF CHILDREN

Routine medical examinations of children at Peterwell Home and Cartrefle and Erw Lon Family Units were carried out by medical officers of the Department. Boarded out children were also examined in the manner prescribed by statute. Close contact is kept with the Children's Officer, on the one hand, and with practitioners providing the children with general medical services, on the other.

Section 14—MISCELLANEOUS MEDICAL EXAMINATIONS

The Health Department carried out a large number of medical examinations during the year. These were undertaken for a variety of reasons. All new entrants to the superannuation scheme were examined as were all roadmen qualifying for admission to the Sick Pay Scheme. Entrants to Training Colleges were also examined and these numbered over a hundred. All Mid-Day Meal staff were submitted to examination. A number of examinations were carried out on behalf of other local authorities on a reciprocal basis.

All applicants for school transport on medical grounds, school absentees, handicapped pupils in various categories, and children applying for the deferment of the Non Verbal Intelligence Test on health grounds were examined. Details of the examinations carried out are given in the ensuing table :

Medical Examinations for 1970

County Council Staff :

Agricultural College	...	...	2
Architect's	...	...	3
Children's	...	...	1
Clerk's	...	...	5
College of Librarianship	...	...	15
County Library	...	...	1
Education	...	...	100
Health	...	...	13
Surveyor's	...	...	43
Transport and Maintenance	...	...	2
Treasurer's	...	...	3
Welfare	...	...	27
Police and Fire Service	...	...	2
			217
Trainees	...	...	91
Other Local Authorities	...	...	13
			321

Section 15—CHIROPODY SERVICE

The Chiropody Service in Cardiganshire is run under the aegis of a Voluntary Committee which receives a grant from the County Council. The chiropody service is primarily intended for the aged and the Health Department plays no part in the running of the scheme.

The Voluntary Committee deals primarily with pensioners (males over 65 and pensioned females over 60). Registered blind persons of all ages are, however, accepted. According to the information provided by the Voluntary Committee, the number of cases treated during the year was 2,882.

The following persons are eligible under the Voluntary Scheme : women 60 years and over, and men of 65 years and over, who have no private means and are in receipt of Social Security, or old age pensioners only, are eligible for treatment under the reduced rates.

The fees vary according to financial means and range from 1/6 to 2/6.

The number of chiropodists engaged under the Scheme are:—two at Cardigan, one in Lampeter and three at Aberystwyth.

Section 16—MENTAL HEALTH

Report of Dr. A. Rhys, Medical Officer in Charge of Mental Health

Introduction

The year began with the appointment of a new Principal Mental Welfare Officer and ended with the absorption of the Mental Health Department into the structure of the new Department of Social Services, and the transference of responsibility for the Junior Training Centre from the Health Department to the Education Department.

We hope that the various services will derive mutual benefit from this amalgamation and that the social workers' contribution in the field will benefit from their new multidisciplinary approach.

Two of our Social Workers obtained certificates in Social Work after completing their periods of training at Cardiff and Coventry.

The weekly Psychiatric Out-Patient clinic at Bronglais Hospital continued to the great benefit of the mental services in North Cardiganshire; the introduction of a fortnightly clinic at Cardigan proved to be of similar benefit to South Cardiganshire. The fact that the Social Workers are attached to these clinics is important, as continuing supervision by, and liaison with the Psychiatrist is vital to the effectiveness of the after care service. Monthly Clinical Case Conferences were initiated in December 1970 within the Department. These provided an effective stimulus to case discussions and it is hoped that these Conferences will continue within the Department of Social Services.

Cases Referred

Table A indicates the numbers referred to the Mental Health Section by the various areas of the County and the source whence such referrals came.

REFERRALS—1970 Table A

	Mentally Ill Under 16			Psychopathic Under 16			Sub-Normal Under 16			Severely Subnormal Under 16			TOTAL
	M.	F.	M. F.	M.	F.	M. F.	M.	F.	M. F.	M.	F.	M. F.	
NORTH													
General Practitioners	—	—	36	101	—	—	—	—	—	—	—	—	137
Hospital on discharge	—	—	8	14	—	—	—	—	—	—	—	—	26
Hospital during out-patient treatment	—	—	4	12	—	—	—	—	—	—	—	—	16
Education Authority	—	—	—	—	—	—	—	—	—	—	—	—	—
Police or Court	—	—	4	3	—	—	—	—	—	—	—	—	7
Other Sources	—	—	4	8	—	—	—	—	—	—	—	—	12
SUB-TOTALS	—	—	56	138	—	—	—	—	—	—	—	—	198
CENTRAL													
General Practitioners	—	—	14	27	—	—	—	—	—	—	—	—	44
Hospital on discharge	—	—	3	2	—	—	—	—	—	—	—	—	5
Hospital during out-patient treatment	—	—	1	—	—	—	—	—	—	—	—	—	1
Education Authority	—	—	—	—	—	—	—	—	—	—	—	—	—
Police or Court	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Sources	—	—	—	3	—	—	—	—	—	—	—	—	4
SUB-TOTALS	—	—	18	32	—	—	—	—	—	—	—	—	54
SOUTH													
General Practitioners	—	—	16	25	—	—	—	—	—	—	—	—	43
Hospital on discharge	—	—	4	1	—	—	—	—	—	—	—	—	5
Hospital during out-patient treatment	—	—	3	4	—	—	—	—	—	—	—	—	7
Education Authority	—	—	—	—	—	—	—	—	—	—	—	—	1
Police or Court	—	—	2	1	—	—	—	—	—	—	—	—	3
Other Sources	—	—	5	4	—	—	—	—	—	—	—	—	9
SUB-TOTALS	—	—	30	35	—	—	—	—	—	—	—	—	68
TOTALS	—	—	104	205	—	—	—	—	—	—	—	—	320

These figures show no significant change from last year

Admissions to Hospital

The number of cases known to have been admitted to hospital for mental illness or subnormality in the County during the year was 164, made up as follows :—

Admission to St. David's Hospital, Carmarthen	...	...	...	156
Admissions to other hospitals because of mental illness	...	...	...	6
Admissions to hospitals for the subnormal	...	...	...	2

These numbers show no significant change over those of previous years.

Table B gives details of those admissions with which Mental Welfare Officers were concerned.

TABLE B											
District	Informal		Section 29		Section 25		Section 26		Section 60		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
North—											
St. David's Hospital	33	38	12	7	2	2	—	2	1	—	97
Other Hospitals	1	1	—	—	—	—	—	—	—	—	2
Central											
St. David's Hospital	4	6	—	2	—	1	—	—	—	—	13
Other Hospitals	—	—	—	—	—	—	—	—	—	—	—
South											
St. David's Hospital	6	6	3	4	—	1	—	—	—	—	20
Other Hospitals	1	—	—	—	—	—	—	—	—	—	1
Sub-Totals	45	51	15	13	2	4	—	2	1	—	133
TOTAL	96		28		6		2		1		133

There has been an increase in informal admissions to hospitals, whereas the figures for compulsoty admission remained fairly constant.

An increasing application of Section 25 of the Mental Health Act, as opposed to Section 29, indicates a favourable trend, and it is sincerely hoped that this trend will continue within the new matrix of the Department of Social Services.

Subnormality

The number of new cases referred during the year are shown in Table A.

Table C shows the distribution of cases from the County in Subnormality Hospitals at the end of the year.

Table C				
<i>Hospital</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
Pantglas, Carmarthen	...	—	6	6
Ely Hospital, Cardiff	...	2	—	2
Hensol Castle, Llantrisant	...	4	3	7
Llanfrechfa Grange, Cwmbran		—	1	1
Eryri Hospital, Caernarvon	...	2	—	2
Garth Angharad, Dolgellau	...	2	—	2
Broughton, Chester	...	—	1	1
Brynhafryd, Welshpool	...	3	—	3
Llys Maldwyn, Caersws	...	5	6	11
Oakwood Park, Conway	...	2	—	2
Hospitals in England	...	1	1	2
Totals		21	18	39

Visions of the proposed new Adult Training Centre and Hostel in the Aberystwyth area are at last beginning to crystalize. These will provide valuable stepping stones which will help bridge the chasm between hospitalisation and community care for those slected cases who are able to benefit from, and cope with, life in the community.

The paediatric subnormal cases were ably supervised by the Health Visitors who continued to give valuable support and advice to the parents at a time when abnormal slowness in development first becomes apparent. Cases were referred by them for assessment by the Medical Officer when necessary.

After-Care

A number of cases required after-care in their own homes during 1970. These cases are indicated in Table D. Weekly Psychiatric Clinics and closer liaison with psychiatrists have led to an increase in this service.

Table D				
<i>Category of cases needing care</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
Mental Illness	... ..	135	201	336
Mental Subnormality under 16 years	...	30	35	65
Mental Subnormality over 16 years	...	45	12	57
TOTAL		210	248	458

There were also cases receiving after-care in Part III accommodation with whom Mental Welfare Officers were concerned. (Table E below).

Table E				
<i>Reasons why needing Part III accommodation</i>		<i>Male</i>	<i>Female</i>	<i>Total</i>
Mental Illness	... ..	3	6	9
Subnormality	... ..	...10	7	17

Ysgol Bronaeron

Important staff changes occurred during the year, viz., promotion of

- (i) Assistant Supervisor to Supervisor
- (ii) Appointment of Assistant Supervisor
- (iii) Appointment of Trainee

There were 35 pupils at the centre in December 1970. Two pupils left the school—one to Eryri Hospital School, Caernarvon and one to Highmead School. Three new pupils were admitted.

The school continued to arrange visits for selected groups of pupils to places of interest, and encouraged the use of public transport. Twenty-eight pupils went for a holiday to Penywern Hall, Rhuddlan in the Autumn.

Bryntirion Home, Tregaron

The Matron resigned at the end of the year but very kindly consented to continue in charge until a suitable replacement was found. The stability and success of the home is largely due to her efforts and we are extremely grateful to her for her continuing valuable help and support at a time when staff problems are acute. We wish her every happiness when she will be able to begin to enjoy her well-earned retirement.

The number of residents on 1.1.70 was 34 and at the end of the year there were 34 residing at the Home. Admissions in the year were 15 and were distributed as follows :

Own Homes	...	...	6
General Hospital	...	...	1
Mental Hospital	...	...	6
Geriatric Hospital	...	...	1
Welfare Homes	...	...	1

During the period there were 3 cases transferred to Mental Hospital ; 1 to a Welfare Home, and 1 case to the Geriatric Hospital. There were also 7 deaths.

Six male patients were admitted during the year. This proved to be a successful venture and the men settled down very well in their new surroundings.

Voluntary Agencies

The continuing support of voluntary bodies does much to boost the morale and financial resources of Bryntirion and Ysgol Bronaeron. We are very grateful to all those who helped thus during the year. The Tregaron League of Friends lend continued support to Bryntirion by their splendid efforts. Thanks are due also to those young people from St. David's College, Lampeter and Ysgol Edward Richard, Ystrad Meurig, who spend regular much appreciated hours with the residents of Bryntirion.

The Cardiganshire Branch of the National Association for Mentally Handicapped Children continue to hold fruitful stimulating meetings at Ysgol Bronaeron. These meetings are invaluable in facilitating contact between parents, staff and the public. The Society arranged a holiday for twenty-eight of the pupils of Ysgol Bronaeron, at Penywern Hall, Rhuddlan, in the Autumn. This was greatly appreciated by the pupils and staff.

A. RHYS,
Medical Officer in Charge of Mental Health

Section 17—SANITARY CIRCUMSTANCES

Report of Mr. Evan Richards, County Public Health Inspector

Milk (Special Designations) Regulations, 1963

The duties imposed on the County Council under these Regulations are :—

- (i) the licensing and supervision of milk pasteurising plants,
- (ii) the licensing of dairies where milk is bottled other than at the place of production, and
- (iii) the granting of licences to retail milk which has been bottled at other premises and is obtained pre-packed by these retailers.

The County Council has delegated the work to the Health Committee and the Order is administered as follows :—

- (i) The certification of premises and the supervision of the handling, treatment and bottling is carried out by the County Public Health Inspector.
- (ii) Routine samples of milk are taken by the Weights and Measures Inspectors at the same time as samples taken under the Food and Drugs Act.

The number of licences in force at the end of the year were as follows :—

1. No. of licensed pasteurising plants	...	...	...	...	1
2. No. of dairies where milk is bottled	...	...	...	...	11
3. No. of premises licensed for the re-sale of pre-packed milk	...	...	...	...	37

During the year the pasteurising plant at Frondeg, Blaenplwyf, was closed down as the farm changed hands. For several years this farm had been pasteurising milk for supplying schools in the Aberystwyth District also the Aberystwyth Hospital, but now all milk for these comes from the pasteurising plant at Newtown. It is disappointing that no other local farmer has taken the opportunity of installing a small pasteurising plant as there is a good opportunity for several such small plants not only around Aberystwyth but also around Lampeter, Cardigan and Aberaeron as all the pasteurised supplies for these areas have to be imported either from Newtown or Swansea. Although there is a pasteurising plant installed at the Milk Marketing Board's Creamery at Felinfach there is no bottling plant there and it is suggested that the Board could well consider the possibility of installing such a plant in order to supply Cardiganshire rather than the milk being taken away in bulk tanks and possibly the same milk being again brought back into Cardiganshire after pasteurisation, perhaps two days later.

Forty-seven visits were made to the two pasteurising plants during the year for checking the pasteurising arrangements and all samples taken satisfied the phosphatase test for adequacy of pasteurisation.

Diseases of Animals

Under Section 31 of the Food and Drugs Act, 1955, it is forbidden for any person knowingly to sell milk from any cow suffering from tuberculosis, infection of the udder, anthrax or foot-and-mouth disease. It is the duty of the County Council to enforce these restrictions and for that purpose there is close liaison with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, whose Veterinary Inspectors inform the County Medical Officer of possible sources of infection discovered at routine clinical examination of the herds.

Two suspected cases of Anthrax were reported during the year due to the sudden death of the animals but further investigation showed that these were not due to Anthrax.

A number of notifications were also received from the Divisional Veterinary Officer of Salmonella Dublin recovered from bovine samples examined at the Veterinary Investigation Laboratory, but no cases of the disease amongst humans were notified which could be attributed to these sources.

In accordance with Circular 17/66 from the Welsh Board of Health on brucellosis a total of 131 milk samples from retail purveyors and schools supplied were submitted to the Public Health Laboratories for examination for Br. abortus infection. A number were reported as being positive when examined by the Ring Test, but in each case subsequent tests proved to be negative, showing that the positive Ring Test result was due to inoculation of the cattle with S.19.

At the end of the year there were 351 herds in the county fully accredited under the Ministry of Agriculture's Brucellosis Eradication Scheme compared with 191 at the end of the previous year and a further 438 herds were in various stages of testing prior to final registration. These figures show that a substantial proportion of the cattle were already free of Brucellosis and since the 1970 Agricultural Price Review gave an increased financial bonus to producers from Brucellosis-free herds under the scheme. At the time of writing this report the Minister of Agriculture, Fisheries & Food has declared parts of the County to be an eradication area for purposes connected with the control of Brucellosis. In a similar campaign several years ago aimed at Bovine Tuberculosis Cardiganshire was the first whole County in Great Britain to become fully attested and it can confidently be expected that a similar effort will be made in the campaign to eradicate Brucellosis.

Infectious Disease

The Table on page 12 shows the incidence of infectious diseases notified by local authority areas, from which it will be seen that the county continued to be free from any of the major infectious diseases.

Tuberculosis

During the year 12 new cases of tuberculosis were notified by the Chest Physician, 9 being respiratory tuberculosis and the other 3 being non-respiratory.

Each new case is investigated as to the environmental conditions at the home, in order to prevent the spread of infection, and any adverse conditions are reported to the District Medical Officer of Health for action by the local Sanitary Authority. Similar action is taken when a person is discharged from hospital. Premises and clothing are disinfected after admission of respiratory cases to hospital and also in the event of a death at home.

The figures of new cases notified for the first time in each year since 1952 are given below :

<i>Year</i>	<i>New Cases</i>		<i>No. of Deaths</i>	
	<i>Respiratory</i>	<i>Non-Respiratory</i>	<i>Respiratory</i>	<i>Non-Respiratory</i>
1952	36	7	12	3
1953	47	2	14	1
1954	44	7	5	2
1955	37	5	4	1
1956	43	8	9	2
1957	35	8	6	1
1958	29	3	2	Nil
1959	30	8	5	Nil
1960	25	6	8	2
1961	33	5	8	Nil
1962	18	7	1	1
1963	23	5	1	1
1964	17	5	4	2
1965	14	9	3	Nil
1966	17	3	2	1
1967	18	2	4	Nil
1968	15	1	1	Nil
1969	12	3	2	1
1970	9	3	1	Nil

Housing

Under Section 116 of the Housing Act, 1957, it is the duty of the County Council to have constant regard to housing conditions in each rural district within its area with particular reference to overcrowding and other unsatisfactory housing conditions. It has also to see that sufficient steps are being taken by the district authorities to remedy these conditions and to provide additional housing. These functions can briefly be divided into (a) the building of new houses to let, (b) the improvement of existing houses, and (c) the eradication of unfit houses.

New Housing

The following table shows the number of new dwellings erected by the various authorities during the year and also since the end of the last war :—

NEW HOUSES BUILT FROM 1945 TO 31.12.70

	<i>Local Authority Houses</i>			<i>Privately Built Houses</i>		
	No. under construction at 31.12.70	No. completed in 1970	No. completed since 1945	No. under construction at 31.12.70	No. completed in 1970	No. completed since 1945
Aberystwyth Borough	—	—	499	15	3	159
Cardigan Borough ...	—	—	357	7	17	210
Lampeter Borough ...	—	—	131	2	8	85
Aberaeron Urban ...	—	—	84	4	2	60
New Quay Urban ...	—	—	34	4	—	45
Aberaeron Rural ...	—	46	430	34	15	233
Aberystwyth Rural ...	47	—	425	69	88	851
Teifside Rural ...	26	110	619	53	34	390
Tregaron Rural ...	33	6	123	10	8	99
Whole County ...	106	162	2,702	198	175	2,132

In addition to the figures given above tenders had been accepted before the end of the year for the building of a further 32 dwellings by Aberystwyth Borough Council.

Housing Improvement Grants

As anticipated the increasing of the maximum amounts of grant from £400 to £1,000 for the improvement and repair of older houses as layed down in the Housing Act of 1969 has considerably increased the number of applications received by the Local Authorities. Now that grants can be given towards repair work as well as improvement works many houses which would previously have been allowed to decay are being saved and with the aid of these grants will provide satisfactory housing accommodation with all modern conveniences. This policy of renovating older houses

which are in reasonably sound structural condition can considerably cut down on the number of new houses required and it is hoped that many more landlords will take advantage of this opportunity as they are now able to obtain a fairly satisfactory return on the capital invested by way of increased rentals. Unfortunately in the past the tendency had been that a very high proportion of these grants were only claimed by owner occupiers.

The following table shows the number of grants approved by the four rural district councils during 1970 :—

<i>Name of Authority</i>	<i>Number of discretionary grants approved</i>	<i>Number of standard grants approved</i>	TOTAL
Aberaeron R.D.C.	... 51	27	78
Aberystwyth R.D.C.	... 73	42	115
Teifside R.D.C.	... 49	17	66
Tregaron R.D.C.	... 14	25	39

Unfit Houses

Due to the fact that many of the older houses which had been allowed to fall into decay have been purchased as holiday cottages and brought up to a satisfactory standard for that purpose and also that many other houses have been repaired and improved with the aid of grants there are no accurate figures available as to the number of unfit houses in the County. There are no slum areas as such, only individual unfit houses scattered throughout the area, and whenever such houses become vacant the Local Authorities serve either a Demolition or a Closing Order on the owner. Whenever possible only a Closing Order is served and frequently such houses are then purchased and brought up to standard again, usually for holiday purposes.

The following table shows the number of demolition or closing orders served by the four Rural District Councils during the year and also the total number since 1955 :—

<i>Name of Authority</i>	<i>Estimated No. of houses in district</i>	<i>No. closed or demolished in 1970</i>	<i>Total No. closed or demolished since 1955</i>
Aberaeron R.D.C. ...	3,550	2	129
Aberystwyth R.D.C.	4,850	1	63
Teifside R.D.C. ...	4,100	—	24
Tregaron R.D.C. ...	1,800 —	2	46

Rural Water Supplies and Sewerage Acts, 1944—1965

Under the provisions of these Acts local authorities are required to provide a supply of wholesome water in pipes to every rural locality in which there are houses or schools. In order to enable this to be done the Ministry of Housing and Local Government makes grants available towards the cost of such works as the expense of providing either a piped water supply or a sewerage scheme is considerably greater in rural areas with a scattered population than in a built-up urban area.

The Act requires that where a local sanitary authority or a joint board apply for a Ministry grant the proposals have to be referred to the County Council for their observations and such observations are considered by the Ministry before approving the schemes. Where a Ministry grant is made, the County Council is likewise required to make a grant, and it is the County Council's policy to grant the equivalent of 50 per cent of the Ministry grant.

Water Schemes

No applications were received from the Cardiganshire Water Board for a grant during the year as almost the whole of the County has now been covered by schemes previously submitted.

Sewerage Schemes

The lifting of the restrictions on capital expenditure towards the end of last year meant that the local authorities could once again implement some of the schemes that had previously been approved.

During the year the following new schemes were submitted to the County Council for their observations and for approval in principle for grant aid :—

- (i) A scheme for the village of Ferwig by the Teifside R.D.C. to cater for the village comprising approximately 30 houses and the village school at an estimated cost of £27,600.
- (ii) An amended scheme for Drefach and Llanwenog by the Aberaeron R.D.C. to cater for 53 properties at an estimated cost of £55,000. The amended scheme provides for the sewage to be pumped back to the existing disposal works of the Cwrtnewydd scheme and thereby eliminates the need for a separate sewage disposal works at Drefach.
- (iii) A scheme submitted by the Aberaeron R.D.C. for a comprehensive sewage disposal scheme for the parts of the R.D.C. surrounding New Quay extending from (i) Llanarth to Gilfachrheda and (ii) from Synod Inn through Cross Inn and Maen-y-Groes to Gilfachrheda. This scheme has become necessary due to the great increase in the Summer population of that area and will include the new holiday camps to be constructed outside New Quay. Disposal of the sewage will be by means of a submarine outfall sewer taken out on the seabed for approximately 4,000 ft. beyond high water mark. The scheme is planned to take in the existing sewerage schemes at Llanarth, Cross Inn and Gilfachrheda and the disposal of those works can then be dispensed with. The scheme is designed to cater for a maximum population of 20,000 and is estimated to cost £428,000 of which £225,000 is in respect of the submarine sewer. The area within the boundaries of New Quay Urban District is excluded from the scheme but the existing disposal system there is antiquated and severely overloaded and discussions are now taking place to have New Quay included in the proposed scheme.

During the year work proceeded on the following schemes which had previously been approved but which had been held up on account of financial restrictions :—

1. The Mydroilyn village sewerage scheme was commenced by the Aberaeron R.D.C.
2. The Pennant village sewerage scheme.
3. The Cellan village sewerage scheme was commenced by the Aberaeron R.D.C.
4. The Ffostrasol village sewerage scheme was commenced by the Teifside R.D.C.
5. A tender for the sum of £187,000 has now been accepted by the Tregaron R.D.C. for the Tregaron sewerage scheme and work is expected to commence shortly.
6. Preparatory work has been carried out by the Aberystwyth R.D.C. towards the Bow Street, Llandre and Penrhyncoch joint sewerage scheme estimated to cost over £300,000 and the authority is now almost ready to invite tenders.

EVAN RICHARDS,

County Public Health Inspector

CARDIGANSHIRE EDUCATION COMMITTEE

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1970

To the Chairman and Members of the Education Committee

I have pleasure in presenting the Annual Report of the School Health Service for the year which ended on December 31st, 1970.

Delivery was obtained of a mobile dental clinic during the year and initially it is proposed to operate it in the south of the County.

The appointment of an additional consultant paediatrician has now been approved for West and Mid-Wales but the thorny question which has yet to be solved is where he will be stationed. The Cardiganshire County Council in common with the consultant medical staff at Aberystwyth are most strongly of the opinion that he should be based at Bronglais Hospital, Aberystwyth, as Mid-Wales is a very extensive area. Furthermore there is no consultant paediatrician between Bangor in the very north and Carmarthen in the south.

The report of the first full year of work undertaken by the audiometrician demonstrates that the appointment was fully justified.

It was unfortunately not possible to find a suitable applicant for the post of full-time psychologist under the authority.

Great changes seem afoot in the school health service and five years from now it would seem that a much closer integration of the hospital paediatric and local authority school health service will have been achieved by a merger under Area Boards.

The Department is sorry that Mrs. D. M. Watson, S.R.N., was obliged after very many years of valuable service to retire from the post of senior dental attendant on the grounds of ill health.

A more detailed account of the school health work is given in the ensuing pages.

I. MORGAN WATKIN,

Principal School Medical Officer

REPORT OF MR. W. D. PERCIVAL EVANS

PRINCIPAL SCHOOL DENTAL OFFICER

I have pleasure in presenting my thirty-ninth Annual Report. During this period we have seen many changes both in Public Health and Dental Health but Dental disease still continues to be a matter of great concern. It is said that 15,000,000 people in Britain have false teeth. Each year over 9,000,000 children receive dental treatment, and from these children something like four million teeth are extracted and seven million are filled. It is estimated that to provide a full dental service for all children in Great Britain it would require 11,000 dentists. The number of dentists working in the Health Service at the moment is around ten thousand ; they extract 11,000,000 teeth from adults in the population, do 28 million fillings, and provide three quarter of a million dentures for them.

It is obvious then that there are not enough dentists to deal with the problem of dental disease by treatment. In this County for example whereas eight dentists have either died or retired from practice only two have come to fill their places. It is obvious then that everything is done at an early age to prevent dental troubles is sound common sense and is indeed imperative.

Whatever the criticisms that can be made about the School Dental Service it is a fact that it is an organisation which ensures that the teeth of all school children are examined and that the parents are informed of the findings. If consent is obtained then treatment is also arranged by the school dental service—or indeed they may wish to make their own arrangements. Either way the influence of the teachers on the children, and indeed often on the parents together with their support and co-operation has always been a great help both in instructing the children in oral hygiene and in persuading the parents to have their children treated.

Yet in spite of much propaganda towards the improvement of Dental Health Education we find it very difficult at the present time to persuade our children to give up sugars, sweets and carbohydrate foods which they enjoy so much.

Due to propaganda at school, on television and in the Press it may be possible that we can be more successful in persuading them to clean their teeth. Unfortunately good as this may be, diligent cleaning is not enough to ensure sound teeth and the claims made by manufacturers of tooth pastes have been disappointing. The exception perhaps are those containing *Fluoride* ; they tend to shew more promise. Even so it is difficult to believe that they will make a significant contribution in reducing dental disease.

Is there any other factor which would help to solve the problem ? Yes, and in spite of the fact that we do not fluoridate the drinking water in Cardigan, it is my duty to say that adding Fluoride to the water supply cuts down dental decay by a half, and that no evidence of harm from Fluoridation can be found despite the closest watch by all concerned.

It is a matter of great importance to the rising generation ; and the co-operation of all people interested in Dental Health, especially, the Members of our Local Authorities, would be a great help towards solving the problem.

A table shewing treatment carried out by the Dental Officers of the Authority may be seen at the end of the Medical Officer's Report.

W. D. PERCIVAL EVANS,
Principal School Dental Officer

REPORT OF MR. EVAN RICHARDS

COUNTY PUBLIC HEALTH INSPECTOR

Milk-in-Schools Scheme

All primary schools in the county continued to be supplied with drinking milk throughout the year but the supplies to secondary schools were discontinued in accordance with the Government's policy. Whenever possible the Education Committee tries to obtain a supply of pasteurised milk but in some of the rural areas this is impossible and an alternative supply of untreated milk has to be accepted. All contracts under the scheme are subject to the approval of the Principal School Medical Officer in accordance with the Provision of Milk and Meals Regulations, 1945, and all premises and sources of supply are investigated before a new supply is approved.

The classification of the supplies to the 105 schools and other establishments covered by the scheme at the end of the year were as follows :—

No. receiving pasteurised milk in one-third pint bottles	...	...	83
No. receiving untreated milk in one-third pint bottles	...	...	21
No. receiving untreated milk in bulk containers	...	...	8

During the year 217 visits were made to dairies, farms and schools in connection with this work. Samples of the milk are tested at the Public Health Laboratory at the Aberystwyth Hospital. 45 samples of untreated milk were tested for evidence of Brucellosis but all of these proved satisfactory.

Infectious Diseases

As will be seen from the table on page 12 there were no outbreaks of infectious disease or of food poisoning at any of the schools during the year other than the normal minor outbreaks of the usual children's diseases such as measles.

School Kitchens and Canteens

During the year 254 visits were made to the various schools kitchens and canteens for the purpose of checking on the food supplied thereto and that at the same time to check on the general standard of hygiene within the premises with reference to the Food Hygiene Regulations, 1960.

The general standard of hygiene continues to be satisfactory and whenever any minor breaches are found with either the equipment or the premises these are taken up with the School Meals Organiser and the County Architect.

It is a pleasure to report once again that there were no cases of food poisoning reported from any of the 92 canteens which supplied over 1,400,000 meals during the year.

A new kitchen and dining room was built at Tregaron Secondary School during the year and also modern kitchen-dining rooms were installed at Ysgol Gymraeg, Aberystwyth and Llangeitho C.P. School when the schools were remodelled.

School Water Supplies

All the schools in the county are now connected to the mains network of the Cardiganshire Water Board and all the supplies are chlorinated at source.

EVAN RICHARDS,
County Public Health Inspector

SCHOOL PSYCHOLOGICAL SERVICE

Report of Dr. Cyril James, Consultant Educational Psychologist

The School Psychological Service in Cardiganshire functions in the manner described in previous years after the monograph of the British Psychological Society. There is close co-ordination between the Education, Health and Social Services as well as with the Psychiatric Service. Psychological assessments have been strengthened by the continued use of additional sessional clinics.

Close liaison is also maintained with the school both through the direct intervention of the psychologist and via the remedial teacher. The curriculum and methodological approach is designed to meet the needs of special educational treatment as well as enrichment for the gifted pupil. In such a way the varying needs of children are met in accordance with their functional level and infra-structure of intelligence on various levels of reasoning. Account is also taken of the influence of proto-bilingualism on a child's developmental difficulties.

The School Psychological Service is concerned not only primarily with preventive measures to foster the educational progress and mental health of both ordinary and handicapped pupils but also seeks to modify the parental attitudes. Thus social work carried out by the psychologist has played as great a part on a domiciliary basis with parents as remedial education has played with teaching staff in the schools. Indeed there can be no line of demarcation between what is social and that which is educational per se. In the rural areas, for example, the approach to the parent and child differs sociologically from that in the urban conurbations in so far as the more generously staffed small rural school whose teachers are in close touch with the local parents are able to give a personal service which is often more difficult to administer in a larger school. On the other hand the supportive environment of a small school may not enjoy the advantages of educational organisation made more readily available in a larger school.

The following are details of children examined by the Consultant Psychologist during 1970 at clinics as well as during school and domiciliary visits. The placement of such children will, therefore, depend on the "de facto" facilities which are available. Thus, it is the policy of the Local Education Authority to make facilities available in the local school rather than transfer a child to an alien community.

Table I—PSYCHOLOGICAL DIAGNOSTIC EXAMINATIONS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
(i) Educationally			
(a) Retarded	6	—	6
(b) Backward	4	4	8
(c) Dull	8	3	11
(ii) Subnormal (suitable for education of (Training) School)	—	2	2
(iii) Maladjusted (wholly)	—	1	1
(iv) For Educational Guidance	1	—	1
(v) Gifted Pupils	—	—	—
*Total	19	10	29

*In addition to the above a number of boys and girls were examined on a sessional basis by Dr. Clive Williams, whose report is referred to at a later point.

A variety of recommendations were made as follows by the Psychologist in consultation with the Medical Officer.

Table II

RECOMMENDATIONS FOR SPECIAL EDUCATIONAL TREATMENT

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Residential Special School			
(a) E.S.N.	5	5	10
(b) Partially Sighted	—	—	—
Ordinary School : Remedial Unit ...	16	10	26
Ordinary School : Observation ...	1	5	6
(Training) School (Bronaeron) ...	—	1	1
Audiometric Examination ...	—	1	1
Speech Therapy	—	2	2
Psychiatric Referral	1	2	3
Paediatric Referral	—	1	1
Neurological Referral	—	—	—
Remedial Teaching	12	2	14
Vocational Guidance*	2	—	2
Educational Guidance	1	—	1
Boarding Education	1	—	1
Hospital Special Units	—	—	—
Home Tuition	—	—	—
Medical Opinion (inc. Orthop./Ophal.)	10	8	18

*children who leave Highmead are referred to the Youth Employment Officers of their respective counties where arrangements are made for pupils to be interviewed for job-placment in their penultimate term at school and during the vacation.

In addition to the above examinations and recommendations children who have been examined and referred for treatment by the psychologists and consultant colleagues in previous years are kept under review.

A careful series of screening procedures in respect of pupils who need special educational treatment have gradually been instituted over the years in accordance with change in attitude towards such children.

These sieving procedures, for example, in respect of pupils admitted to Highmead Residential Special School (E.S.N.) include :

- (i) Pre-school medical (health visitor) surveys.
- (ii) School Assessments/allied with Handicapped Pupils Return.
- (iii) The establishment of a new School Record Card is under consideration by the Assistant Education Officer (Primary).
- (iv) Remedial Education Assessments.
- (v) School Medical Inspections and Psychiatric Examinations.

The aim, however, as indicated above has been to deal with as many handicapped pupils locally in their own environment and to transfer to a Residential School such as Highmead only those pupils who tend to have sociological difficulties and who, therefore, require more long-term socially supportive education. The primary unit

within the ordinary school at Cardigan continues to do good work but the teaching in the Remedial Unit has been held up by a change in staffing. There has also been a hiatus in the Aberystwyth Remedial Unit caused by structural alterations but this unit is now complete and in working order. Remedial links have also been forged with Carmarthenshire at Lampeter and with Pembrokeshire in Cardigan. The new ‘Designated Class’ in Llandysul C.P. School is also nearing completion. Steps are now being taken to obtain more qualified remedial teachers to deal with the special educational treatment of the referrals made by Headteachers on the following Handicapped Pupils Return.

Table III
SURVEY OF PUPILS DEEMED PROVISIONALLY TO RECEIVE S.E.T.

	<i>All Age Groups</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Subnormal	13	9	22
Dull	8	4	12
Backward	4	4	8
Retarded	6	—	6
Maladjusted	5	4	9
Unclassified	1	—	1
Total	37	21	58

The following statistics relate to children admitted to and discharged from Highmead Residential Special School during 1970 :

Table IV
S.E.T. AT HIGHMEAD RESIDENTIAL SPECIAL SCHOOL FOR E.S.N. PUPILS

	<i>Admissions 1970</i>			<i>Discharges 1970</i>			<i>Resident 31.12.70</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Cardiganshire	1	—	1	1	—	1	12	7	19
Carmarthenshire	8	5	13	10	3	13	31	28	59
Pembrokeshire	4	1	5	4	3	7	20	7	27
Out/County	—	—	—	—	—	—	—	—	—
Total	13	6	19	15	6	21	63	42	105

Total on Roll—31st December, 1969—107 including 2 Cardiganshire day pupils
and 1 Carmarthenshire day pupil

Total on Roll—31st December, 1970—105 (42 girls and 63 boys)

As previously indicated in reports there is a greater realization on the part of parents and others in the fields of education and social services that pupils are only able to cope with such concepts as are within their functional level. The earlier referral to Highmead Residential Special School at the age of nine years is helpful in this respect for the more secure atmosphere helps the child with sociological difficulties to feel ontologically secure. This forms the basis of their educational and social development. The greater degree of sophistication in making assessments, specially in Carmarthenshire and Pembrokeshire (through School Records) has also helped to further the assimilation of the basic subjects. Thus in these two counties where the transfer of pupils from primary to secondary schools is based on these records—it has been possible to facilitate finding those slow pupils “at the bottom end of the scale” who require special educational treatment. Such records of Carmarthenshire pupils have eased the organisation of Lampeter Secondary School in respect of new entrants.

The majority of pupils make relatively satisfactory progress at Highmead when account is taken of their limitations. The sympathy and benevolent discipline of the staff help to ensure their educational and social development. Parents are encouraged to keep in touch with their children and to arrange for weekend leave.

Most school leavers from Highmead obtain jobs but a small number of limited ability and with personality defects are unable to cope. In this respect there is a need for the establishment of a Sheltered Workshop and for training facilities to be made discreetly available in Further Education and Community Centres. It is assumed that the Department of Social Services will make more provision for both the physical and mentally handicapped adolescent. Such matters have been raised and discussed by the Psychologist and the Yough Employment Officers in various Case Conferences.

The Psychologist continues to co-operate with the Medical Officer and the Consultant Psychiatrist in order to ascertain and review the progress of pupils who are receiving Special Educational Treatment.

Table V—S.E.T. AT RESIDENTIAL SPECIAL SCHOOLS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Blind	—	—	—
Partially Blind	—	1	1
Deaf	1	1	2
Impaired Hearing	—	—	—
Delicate	—	—	—
Physically Handicapped	1	—	1
Maladjusted	—	1	1
Diabetic	—	—	—
Epileptic... ..	1	—	1
TOTAL	3	3	6

In addition to the above categories there is an urgent need to improve facilities for the placement and treatment of pupils who suffer from emotional disturbances (nervous habit and behaviour disorders) as a result of adverse sociological and related conditions.

Agreement has been reached in principle for the establishment of a Residential Special School for sixty maladjusted pupils in Carmarthen.

Arrangements have been made for the Residential Unit (St. Bride's) and a Remedial Education Unit (Drive House) for fifteen psychotic adolescents in St. David's (Mental) Hospital.

Proposals have also been made to set up an Assessment Unit for mentally and physically retarded children at Glangwili Hospital.

There but remains the need to establish a central educational diagnostic and treatment unit at Carmarthen to process both the local and extra-territorial children who need special help in the area.

Facilities for the Special Educational Treatment of retarded pupils (that is to say pupils who are relatively intelligent but who have for various reasons fallen behind in their school work) have been consolidated by improvements in Aberystwyth. It is hoped that new appointments will be made in the current year.

The Remedial Teacher (Mr. Eklund) continues to do excellent work. In consultation with the psychologist he maintains liaison with the primary schools and with the remedial units in the secondary schools, within the Schools Psychological Service.

Table VI
(i) PUPILS REQUIRING S.E.T. AT REMEDIAL UNITS

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Withdrawals (including left district) ...	10	4	14
Discharges	3	3	6
Attending at Aberystwyth when unit closed for modernising	15	5	20
Attending South of County when units closed	7	5	12
Attending at December 1970	11	7	18
Total receiving S.E.T. during 1970 ...	46	24	70

(ii) PUPILS RECEIVING S.E.T. AT THE REMEDIAL UNIT

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Direct Referrals	34	21	55
<i>Ascertained :</i>			
Maladjusted	1	—	1
Retarded	6	1	7
Backward	5	1	6
Dull	—	1	1
Total	46	24	70

Furthermore a number of pupils attend Bronaeron (Training) School for serial assessment and diagnostic purposes.

Through the School Psychological Service a balanced provision is gradually being established in respect of special educational treatment in the three counties, e.g. :—

1. Documentation Centres (Aberystwyth/Cardmarthen/Haverfordwest).
2. Diagnostic Unit at Llanelli.
3. Remedial Educational Units at Cardigan/Aberystwyth/Haverfordwest/Llanelli etc.
4. Day Special Classes (i) Primary at Cardigan/Llandysul
(Designated) Llanion/Hubberstone/Haverfordwest
Llwynhendy/Tumble
Old Road C.P. Llanelli
5. Day Remedial Units (ii) Secondary at Aberystwyth/—Cardigan
(Designated) Tenby/Pembroke Dock
Cardmarthen/Ammanford, etc.
6. Residential Special School for E.S.N. at Llanybyther (Joint Three Counties).
7. Schools for Severely Mentally Handicapped at Bronaeron/Llanelli, Tenby and Haverfordwest.
8. Units for Physically Handicapped at Tumble, Maesryrfa, Blaenau.
9. Psychiatric Clinics at Aberystwyth/Cardmarthen/Llanelli and Haverfordwest.

The following projects are in hand :—

10. Projected Residential Special School for Maladjusted ,Cardmarthen.
11. Projected Adolescent Unit for Psychotics, Cardmarthen (St. David's).
12. Projected Assessment Unit for Severely Handicapped, Cardmarthen (Glangwili)
13. Projected Day Special School for E.S.N. Havefrordwest.
14. Projected Unit for Physically Handicapped : Pre School/Infants at Felinfoel, Llanelli.

These units are supported by a broadly based School Psychological Service which is expanding gradually as the more enlightened attitude of the public begins to realize the value of and need for assessment and Special Educational Treatment.

Thus by dovetailing school records (including the results of various surveys) with clinical, educational and psychological assessments and case histories it has become possible through the School Psychological Service to facilitate the provision of a variety of types of education for different categories of (handicapped) pupils in such a manner that most children ranging from the quick to the slow learner and the physically handicapped have an equal opportunity of profiting from an education suited to the particular stage of their development, physically, mentally and socially.

In respect of the latter the co-operation of the Mental Health Section of the Health Department has been particularly appreciated especially the work of the Health Visitor and the Psychiatric Social Worker.

In brief there has been close liaison between the School Psychological Service and the School Health Service as well as with the school themselves whilst both the Statutory Services of the Local Authority and the Welsh Hospital Board (with whose officers meetings have taken place) together with the Consultant Psychiatrist have played their part in fostering the educational progress, mental health and general welfare of the children—both the fit and handicapped—through an integrated and comprehensive approach to their problems. It but remains to be seen what effect impending changes in the medical, educational and social fields may bring in their train.

CYRIL B. E. JAMES, B.A., M.ED., PH.D., M.I.S.W., F.B.P.S.S.
Consultant Educational Psychologist

SPEECH THERAPIST'S REPORT 1970

The waiting list of children requiring speech therapy has increased considerably this year, and there is little hope of some of these children ever receiving treatment. The large increase this year has been due, partly, to the fact that teachers are becoming increasingly more aware that speech defects and particularly language defects can affect the educational progress of children and are thus becoming more insistent that such children should receive treatment.

Unfortunately, we were unable to start the pre-school play group for language defective children in Aberystwyth. This was because we were unable to find suitable voluntary staff.

The following details relate to pupils treated and awaiting treatment during the year.

Waiting List	...	...	221
Discharged	...	...	70
Undergoing treatment		...	101
Total seen	...	...	171

REPORT OF MRS. BERYL SMITH, AUDIOMETRICIAN

54 primary schools have been visited and audiometric screening tests carried out, and it is hoped that the remaining schools will be visited before the end of the Summer Term 1971.

Some children in the County Secondary Schools have had audiograms done at the request of the General Practitioner, School Medical Officer of Health, Health Visitor or Teacher.

Mr. Morgan the Ear, Nose and Throat Surgeon, holds a special clinic for the children found with a hearing loss, at Glangwili, where six children are seen at a time. To date all the children seen have either had surgery or been put on the waiting list for admittance.

Retesting has been carried out on a few children who have had surgery and a vast improvement found.

**Part I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

Table A—PERIODIC MEDICAL INSPECTIONS

**Number of Pupils on Registers of Maintained Primary and Secondary Schools in
January, 1971 ... 9,352.**

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other conditions recorded at Part II	Total individual pupils
		No.	No.				
1966 and later	14	14	—	—	1	5	6
1965	282	282	—	—	23	65	81
1964	530	530	—	—	61	130	174
1963	59	59	—	—	10	18	24
1962	30	30	—	—	3	9	12
1961	21	21	—	—	4	7	10
1960	443	443	—	—	55	100	145
1959	245	245	—	—	22	67	80
1958	18	18	—	—	2	2	4
1957	18	18	—	—	4	14	20
1956	293	293	—	—	31	46	69
1955 and earlier	140	140	—	—	13	22	34
TOTAL	2,093	2,093	—	—	229	485	659

100% of the pupils examined were found to be in a satisfactory physical condition, the percentage unsatisfactory being Nil %.

Table B—OTHER INSPECTIONS

Notes :—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	88
Number of Re-inspections	...	...	...	563
				—
		Total	...	651
				—

Table C—INFESTATION WITH VERMIN

Notes :—All cases of infestation, however slight, are included in Table C.

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	...	...	...	38,059
(b) Total number of individual pupils found to be infested	...	...	...	66
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	Nil

Part II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Table A—PERIODIC AND SPECIAL INSPECTIONS

Note :—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they are under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				Special Inspections
		Entrants	Leavers	Others	Total	
4	Skin	T 5	1	7	13	—
		O 18	6	10	34	3
5	Eyes— <i>a.</i> Vision	T 16	20	24	60	4
		O 57	20	46	123	—
	<i>b.</i> Squint	T 2	1	3	6	2
		O 9	1	3	13	4
	<i>c.</i> Other	T 3	—	—	3	—
		O 9	—	2	7	3
	Ears— <i>a.</i> Hearing	T —	2	1	3	—
		O 2	—	4	6	4
6	<i>b.</i> Otitis Media	T 4	2	2	8	—
		O 8	1	9	18	3
	<i>c.</i> Other	T —	—	2	2	—
		O 3	—	1	4	—
7	Nose and Throat	T 6	2	1	9	—
		O 47	6	12	65	10
8	Speech	T —	1	1	2	—
		O 4	1	5	10	3
9	Lymphatic Glands	T 4	—	2	6	—
		O 12	—	3	15	1
10	Heart	T 5	10	3	18	2
		O 15	4	16	35	6

Defect Code No.	Defect or Disease				PERIODIC INSPECTIONS				Special Inspections	
					Entrants	Leavers	Others	Total		
11	Lungs	...	...	...	T	1	1	3	5	—
					O	9	1	10	20	4
12	Developmental— <i>a.</i> Hernia	...			T	2	—	—	2	—
					O	3	1	2	6	3
	<i>b.</i> Other	...			T	2	3	8	13	—
					O	29	2	21	52	—
13	Orthopaedic— <i>a.</i> Posture	...			T	2	4	7	13	—
					O	4	2	9	15	4
	<i>b.</i> Feet	...	...		T	18	3	23	44	—
					O	43	3	25	71	4
	<i>c.</i> Other...	...			T	3	3	5	11	—
					O	9	8	9	26	6
14	Nervous System— <i>a.</i> Epilepsy	...			T	2	—	—	2	—
					O	1	—	1	2	—
	<i>b.</i> Other	...			T	2	—	1	3	—
					O	1	2	—	3	—
15	Psychological— <i>a.</i> Development				T	2	—	4	6	—
					O	3	—	3	6	—
	<i>b.</i> Stability	...			T	—	—	—	—	—
					O	1	—	1	2	—
16	Abdomen	...	...	...	T	1	1	3	5	—
					O	6	1	2	9	—
17	Other	...	...	...	T	5	2	2	9	—
					O	3	9	9	13	22

**Part III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND
ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	100
Errors of refraction (including squint) ...	397
Total	497
Number of pupils for whom spectacles were prescribed	104

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases
Received operative treatment	
(a) for diseases of the ear	10
(b) for adenoids and chronic tonsillitis ...	279
(c) for other nose and throat conditions ...	40
Received other forms of treatment ...	—
Total	329
Total number of pupils in schools who are known to have been provided with hearing aids :	
*(a) in 1970	—
(b) in previous years	1

*A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

Table C—Orthopaedic and Postural Defects

	Number of cases
(a) Pupils treated at clinics or out-patients departments	528
(b) Pupils treated at school for postural defects	3
Total	531

Table D—Diseases of the Skin

(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp ...	2
(b) Body ...	8
Scabies	23
Impetigo	19
Other skin diseases ...	11
Total	63

Table E—Child Guidance Treatment

	Number of Pupils
Treated at Child Guidance Clinics ...	221

Table F—Speech Therapy

	Number of cases
Pupils treated by speech therapist	101

Table G—Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with minor ailments	—
(b) Pupils who received convalescent treat- ment under School Health Service arrange- ments	—
(c) Pupils who received B.C.G. vaccination ...	539
(d) Other than (a), (b) and (c) above ...	—
TOTAL	539

CHILD GUIDANCE CLINIC

Report of Dr. Evan Davies, Consultant Child Psychiatrist

The upward trend for referrals to Child Guidance Clinics noted in previous year continued in 1970 when some 68 new cases were seen in the clinic. The source of these referrals is shown in the accompanying table. Cases referred varied widely in both age and presenting problems. Pre-school children exhibiting behavioural abnormalities had been recognised in play groups and referred for assessment and advice. At the other end of the scale a number of adolescents with academic and social difficulties were seen.

Clinics are held mainly at Aberystwyth although monthly clinics continue to be held in Cardigan and Lampeter. The Aberystwyth clinic has the advantage of a well equipped play room which is an essential prerequisite for the assessment and treatment of younger children, while being of considerable advantage in dealing with older children and adolescents who often find it easier to relax in such a setting.

Social work assessments are made by Mrs. Piette, P.S.W. while psychological assessments are made by Dr. Clive Williams of the University Education Department who works part-time in the clinic. Such a joint approach enables a comprehensive assessment of the child allowing psychological, social and emotional aspects to be evaluated. In many cases advice to the parents supplemented by such support to the child as can be given in a short course of play therapy may prove effective. In other cases where long standing problems are present a more lengthy programme of support including help from other agencies may have to be devised. In some circumstances the only practical solution may be a recommendation of residential schooling. Unfortunately, places in special schools for the maladjusted are difficult to obtain and it is hoped that the eventual establishment of a residential school for the maladjusted in Carmarthen may help considerably in the placement of these children.

Placement of adolescents is similarly fraught with difficulties and there is a country wide lack of residential provision for the disturbed adolescent. It is hoped that the proposed in-patient ward to be established at St. David's Hospital may go some way towards easing the local difficulties in finding suitable residential accommodation.

Appreciation should be offered for the continued assistance of the Health, Education, Probation and Children's Departments and for their co-operation in achieving solutions to the various problems referred to the Child Guidance Clinic.

EVAN DAVIES, M.B., B.CH. (Wales), M.R.C.P. (Eng.), D.P.M. (Eng.)
Consultant Child Psychiatrist

Table H
New Referrals in 1970

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
General Practitioners	14	10	24
Hospital Consultants	1	2	3
School Medical Officers	5	5	10
Educational Psychologist	4	2	6
Headteachers	2	3	5
Speech Therapist	2	0	2
Social Workers	3	0	3
Probation Officers	0	1	1
Children's Department	1	3	4
Parents	5	1	6
Transferred from other areas	2	2	4
	39	29	68

	<i>Males</i>	<i>Females</i>
Children placed in residential schools for psychiatric reasons		1
Children placed in Children's Home for psychiatric reasons		1
Children examined by Dr. Clive Williams	27	13

Number of Clinics held

Aberystwyth	23
Cardigan	5
Lampeter	9
	—
	37
	—

Number of New Patients seen

Aberystwyth	45
Cardigan	5
Lampeter	18
	—
	68
	—

Total Attendances

Aberystwyth	152
Cardigan	22
Lampeter	47

Report of Dr. Clive Williams, Educational Psychologist

During the past year I have seen forty clinic cases and two adult cases. These have been seen at the Child Guidance Clinics at Aberystwyth, Lampeter and Cardigan. Of the clinic cases, 27 were boys and 13 girls ; 37% were adolescent ; 27% of cases involved varying degree of delinquency (not necessarily court cases) ; 15% were E.S.N. children and 25% were children of superior or very superior intelligence(i.e. I.Q. greater than 120).

This year I have seen fewer children with language/reading difficulties and more whose behaviour has involved delinquency. Only a small number of the latter have been involved in court cases and the clinic emphasizes its preventive role in this field. A small number of autistic children have been seen.

The general pattern of referral has continued this year and the bulk of cases concern varying degrees of maladjustment, mostly emotional in origin and sometimes reflected in school progress. Few, if any, of the cases seen have involved purely educational problems.

CLIVE WILLIAMS,
B.Sc. (Lond.), M.A. (Wales), M.A. (Dublin), PH.D. (Dublin)
Educational Psychologist.

Part VI—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of Pupils on the Register of Maintained Primary and Secondary
Schools including Nursery and Special Schools on January 1, 1971 ... 9,352

Attendances & Treatment	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1,061	762	567	2,390
Subsequent visits	592	1,748	835	3,175
Total Visits	1,653	2,510	1,402	5,565
Additional courses of treatment commenced	81	40	32	153
Fillings in permanent teeth ..	373	1,772	1,572	3,717
Fillings in deciduous teeth ...	356	127	—	483
Permanent teeth filled ...	348	1,700	1,369	3,417
Deciduous teeth filled ...	343	113	—	456
Permanent teeth extracted ...	101	516	451	1,068
Deciduous teeth extracted ...	1,680	485	—	2,135
General anaesthetics ...	839	387	93	1,319
Emergencies	138	91	95	324

Number of Pupils X-rayed	273
Prophylaxis	824
Teeth otherwise conserved	88
Number of teeth root filled	2
Inlays	—
Crowns	28
Courses of treatment completed ...	1,217

Orthodontics :

New cases commenced during year ...	88
Cases completed during year ...	15
Cases discontinued during year ...	2
No. of removable appliances fitted ...	111
No. of fixed appliances fitted ...	3
Pupils referred to Hospital Consultant	95

Prosthetics

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time) ...	—	16	32	48
Number of dentures supplied ...	—	16	32	48

Inspections :	(a) First inspection at school. Number of Pupils	...	3,866
	(b) First inspection at clinic. Number of Pupils	...	1,256
	Number of (a) + (b) found to require treatment	...	4,421
	Number of (a) + (b) offered treatment	...	3,637
	(c) Pupils re-inspected at school clinic	...	124
	Number of (c) found to require treatment	...	120
Sessions—	Sessions devoted to treatment	...	992
	Sessions devoted to inspection	...	61
	Sessions devoted to Dental Health Education	...	4

SCHOOL CLINICS, 1970

Clinic	Location		Number of sessions held	Total number of sessions held
	Local Authority Premises	Other Premises		
Child Guidance	Aberystwyth — Lampeter	Cardigan	46 10 18	74
Dental ...	Aberystwyth Aberaeron Dinas Cardigan Lampeter Llandysul Tregaron Highmead R.S.S.	— — — — — — — —	695 59 15 89 78 33 12 22	1,003 (This total does not include dental sessions held in classrooms of primary schools).
Ophthalmic ...	— —	Aberystwyth Carmarthen	24 46	70
Orthopaedic ...	Aberystwyth Cardigan Lampeter —	— — — Aberaeron Llandysul Tregaron	45 10 44 11 9 9	128
Speech Therapy	Aberystwyth Cardigan C.P. Cardigan Jnrs. Highmead Lampeter Ysgol Bronaeron	— — — — — —	41 26 26 48 17 22	180

REPORT OF WORK DONE BY THE ORTHOPAEDIC SISTER FOR THE YEAR 1970

AREA	No. of Clinics held during the year	Attendances			No. of cases of Remedial Exercises Manipulation and Massage
		New Cases	Others	Total	
Aberaeron ...	11	13	23	36	22
Aberystwyth	45	24	122	146	105
Cardigan ...	10	17	31	48	47
Lampeter ...	44	10	75	85	68
Llandysul ...	9	19	16	35	20
Tregaron ...	9	8	14	22	13
TOTALS ...	128	91	281	372	275

Attendances at Mr. MacFarlane's Clinic	...	40
Children seen	... ..	387
Attendances at Cardigan Hospital	...	2
Children seen	... ..	6
No. of Hospital visits for shoe fitting	...	44
Children seen	... ..	185

<i>Schools Visited</i>	<i>No. of Children seen</i>	<i>Schools Visited</i>	<i>No. of Children seen</i>
Cardigan Infts.	2	Llanwenog ...	4
Ciliau Parc C.P.	7	Penparcau Infts. ...	9
Commins Coch	1	Trewen ...	2
Dinas Sec.	1	Ysgol Bronaeron ...	34
Llandysul Gram.	380	Highmead ...	314

In addition 310 domiciliary visits were carried out by the Orthopaedic Sister Ysgol Bronaeron twice weekly during term for exercises.

Gomerian Press, Llandysul